

WRITE: Healthcare Professional Checklist

Student Name

WRITE Community

Please introduce yourself to each of the following healthcare professionals in your community. During your WRITE experience, you will interact with most of these individuals and draw upon their knowledge and resources to coordinate the healthcare of your patients. It is important to know who they are and how they can help you. It is equally important that they know who you are and what your role is with the healthcare team. **Please spend enough time to allow some discussion about their work in health care and in the community.** You may want to make arrangements to spend additional time with these professionals later on when one of your patients requires their services.

Please fill out the names of the health care providers in the blanks below and **scan and email or fax the form to your WWAMI Regional office within the first week or two of your time in your WRITE community.** If one of the listed resources is not available in your community, please indicate this by writing “not available” in the appropriate space.

Director of Nursing

Psychologist and/or Social Workers

Public Health Nurse

Pharmacist

Skilled Nursing Facility

Local Hospice

Hospital Administrator

Chaplain or parish nurse

Physical or Occupational Therapist

Lab Technician

Medical Director or Chief of Staff

Dietician

Clinic Manager

Veterinarian

Dentist

Midwife

Nurse Practitioner/Physician Assistant

Child/Adult Protection

School Nurse

Domestic Violence Advocate

Student Name

WRITE Community

Knowledge of Medical Community

Specialty Type Physicians in your community	Number of	Nursing Home	Number
Family Medicine	_____	Beds	_____
Pediatrics	_____	Senior Apts.	_____
OB/Gyn	_____	Hospice Care Units	_____
General Internal Medicine	_____	Other:	
General Surgery	_____	Pharmacies	_____
Med/Peds	_____	Public Health/	_____
		Community Clinics	
Other Medical Specialty/Visiting physicians			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Other Surgical Specialty			
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Hospital Staff			
Attending	_____		
Consulting	_____		
Hospital (numbers in the last 12 mos.)			
Beds	_____		
Surgeries	_____		
ER Visits	_____		
ICU/CCU Beds	_____		
Admissions	_____		
Deliveries	_____		

Does the facility have an electronic health record? Check all that apply (name the EHR):
 Clinic/ambulatory _____
 Hospital _____
 Nursing Home _____

Does the facility send or receive electronic communication? Check all that apply:
 Pharmacy prescribing _____
 Hospitalizations _____
 Lab _____
 Radiology _____
 Quality assurance data (like diabetes) _____
 Other _____

***Please attach a list of all physicians at your WRITE clinic that includes their specialties and email addresses and fax or email your completed forms to your WRITE Regional office:**
 Eastern WA, Assistant: Elizabeth Evans, <mailto:evanse3@uw.edu>, Fax: 509-358-7793
 Western WA, Assistant: Michelle Pelt, peltm@uw.edu, Fax: 360-249-0546
 WY, Assistant: Deb Dolph, debdolph@wyomed.org, Fax: 307-632-1973
 AK, Assistant: Shyla Cochran-Dema, sdema@uw.edu, Fax: 907-786-4700
 MT, Assistants: Bernadette Duperron, mtassist@uw.edu, Fax: 406-862-3819
 ID, Assistant: Adriana Olivas, adrioliv@uw.edu, Fax: 208-334-2344