

**General
Preventive
Medicine**
Supplemental
Questionnaire



INTRODUCTION

Your Full Name:

Policy Number:

Directions: Please answer all questions fully and completely. If a question does not apply to your practice, state "N/A." Use the Remarks section if you need additional space or attach additional pages as necessary. **Please ensure that you sign and date the questionnaire on page 2.**

SECTION I

SERVICES AND PROCEDURES

1. Please describe your preventive medicine practice and the type(s) of services you provide (e.g., stress management, smoking cessation and diet and exercise):

2. Do you perform any procedures? Yes No

If yes, please identify the procedures and the number of each that you perform annually:

3. Do you prescribe medication? Yes No

If yes, please describe the circumstances under which you prescribe and the medical conditions that are treated with the medications:

4. Do you always refer a patient to his or her primary care physician if you discover a medical condition during a physical examination? Yes No

5. Do you always inform each of your patients/potential patients that you cannot act as his or her primary care physician? Yes No

If you answered no to question 4 or 5, please explain:

SECTION II

REMARKS

Please provide any additional information to further describe your practice that has not otherwise been addressed in this questionnaire:

REPRESENTATIONS AND WARRANTIES

NOTE: "Warrant" in the following statement is not applicable to Alaska or Arizona health care providers. By statute, Alaska or Arizona health care providers are only required to represent the truth of their statements and information.

I represent and warrant the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my coverage. I agree to notify NORCAL Mutual Insurance Company immediately if my practice changes in any way and of any change in the information contained on this questionnaire.

Signature

Date

(mm/dd/yyyy)

Name (Print)