



Site Visit Community Needs Assessment

The following information will be used to customize your visit itinerary, ensuring you receive appropriate information to make an informed decision about the practice opportunity. All information will be confidentially maintained.

Profile

Name:		Specialty:	
Email:		Home Address:	
Home:	Work:	Cell:	
Please indicate preferred method/time to contact you:			
Date available to practice:			

Interests/Hobbies:

Family Considerations (if applicable)

Spouse/Partner

Name:
Occupation:
Is your partner seeking employment in Sudbury? <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Interests/Hobbies:

Children

Name	Age	School Grade	Interests

Other

Religious Affiliation (optional):

Dietary Restrictions:

Other information:

Community Considerations

Outside of your professional visit, please indicate (✓) what you and/or your family would be interested to learn more about.

Community	Child Care/Education
<input type="checkbox"/> City Tour	<input type="checkbox"/> Day care
<input type="checkbox"/> Cultural Events	<input type="checkbox"/> Montessori School
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> French Schools
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Public Schools
<input type="checkbox"/> Real Estate Tour	<input type="checkbox"/> Separate Schools
<input type="checkbox"/> Recreation Facilities	<input type="checkbox"/> Colleges
<input type="checkbox"/> Recreation Opportunities (see below)	<input type="checkbox"/> Universities
<input type="checkbox"/> Religious Community (please specify):	<u>Addition information:</u>
<input type="checkbox"/> Sports (please specify):	
<input type="checkbox"/> Spouse Career Information	

Recreational		
<input type="checkbox"/> Biking	<input type="checkbox"/> Hunting	<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Boating	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Downhill Skiing
<input type="checkbox"/> Camping	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Snowboarding
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Snow Shoeing
<input type="checkbox"/> Fishing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Ice Fishing
<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Skating
<input type="checkbox"/> Hiking	<input type="checkbox"/> Cycling	<input type="checkbox"/> Snowmobiling
Other (please specify):		

Practice Information (for physicians)

Type of Practice: ☐ Join the Group ☐ Community Clinic ☐ Other:
☐ Subspecialty Work (please specify):

Family Medicine: ☐ Inpatients ☐ Palliative Care ☐ Geriatrics
☐ Hospitalist ☐ GP Oncology ☐ Walk-in Clinics
☐ Surgical Assisting ☐ Obstetrics

Intent to become involved in teaching: ☐ Yes ☐ No

Intent to become involved in research: ☐ Yes ☐ No

Other Information:
