**Any Medical Society Coaching Visit Information**

The information collected on this form is important for AMS in knowing how to best provide services to our members and to evaluate the usefulness of the AMS wellness program. This form should be completed for each client and returned to the AMS office at the end of each month. Assign each client with a unique number. This will be for AMS tracking purposes only.

Name of Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_ Unique ID:\_\_\_\_\_\_\_\_\_\_\_\_

Date Appointment Type

❒ First Time Session ❒ Normal ❒ Urgent ❒ Critical

❒ Follow-Up Session ❒ Normal ❒ Urgent ❒ Critical

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Did the visit take place outside of your usual office hours? ❒ No ❒ Yes

**Demographics Report**

**The following demographics should be reported for first-time appointments only (per year)**

**Age of Participant**: ❒ 25-40 ❒ 41-55 ❒ 56-65 ❒ 66+

**Is Participant:**  ❒ Physician ❒ Spouse/Partner ❒ Resident/Fellow ❒ Student

**Gender:** ❒ Male ❒ Female

**Reported Primary Medical Specialty:**

❒ Administration

❒ Allergy and Immunology

❒ Anesthesiology

❒ Dermatology

❒ Emergency Medicine

❒ Family Medicine

❒ Hospitalist

❒ Internal Medicine

❒ Internal Medicine Subspecialty

❒ Neurology

❒ Obstetrics and Gynecology

❒ Orthopedic Surgery

❒ Oncology, Medical or Radiation

❒ Ophthalmology

❒ Pathology

❒ Pediatrics

❒ Pediatric Subspecialty

❒ Physical Medicine and Rehab

❒ Psychiatry

❒ Radiology

❒ Surgery

❒ Surgical Subspecialty

❒ Medical Student

❒ Resident

❒ Retired

❒ Other/Unspecified

**Employment Status**

❒ Hospital system employed

❒ Hospital based practice (ED, hospitalist, etc)

❒ Employed by a large group (>9)

❒ Employed by a small group (<10)

❒ Non- patient care

❒ Private practice, associate or partner (not employed)

❒ Residency Program

❒ Medical Student

❒ Retired/Unemployed