**OUTPATIENT CLINIC PROFILE**

**Instructions**: A completed Outpatient Clinic Profile form is necessary to create clinics. It is also used to edit specifics of existing clinics. To ensure that your clinic is accurately established and/or edited, you must provide all of the information requested below and return this profile as soon as possible.

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>Baltimore</th>
<th>Fort Howard</th>
<th>Perry Point</th>
<th>Cambridge</th>
<th>Glen Burnie</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CLINIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________________________________</td>
</tr>
<tr>
<td>Abbreviation __________________ Location (Floor/Room) ____________</td>
</tr>
<tr>
<td>Service __________________________ Phone extension __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER(S) please print</th>
</tr>
</thead>
<tbody>
<tr>
<td>(last name, first name, MI)</td>
</tr>
<tr>
<td>(last name, first name, MI)</td>
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<td>(last name, first name, MI)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>APPOINTMENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Regular</td>
</tr>
<tr>
<td>■ Research</td>
</tr>
<tr>
<td>□ Class II</td>
</tr>
</tbody>
</table>
**SCHEDULE**

Date clinic will begin: _____________________

Month/day/year

Clinic begins: 8:30 a.m.  
Clinic ends: 5:00 p.m.

Day(s) clinic meets:  
X Mon.  
X Tues.  
X Wed.  
X Thurs.  
X Fri.  
X Sat.

Schedule in increments of:  
_10 min._  
X_15 min._  
_20 min._  
30 min.  
_1 hr._

Number of patients;  
_ per slot (increment)  
X per day (total)

Maximum days for future booking:  
_30  
_60  
_90  
_180  
X_365

Maximum overbooks per day:  
0  
Allowable consecutive "no shows":  
____

"No Show" automatically re-booked:  
_____ yes  
X no

Schedule on holidays:  
X yes  
no  
*Clinic access restricted:  
X yes  
no

*If clinic access is restricted, provide names of Additional Privileged Users from your service:

____________________________________  
(last, first, MI)  

____________________________________  
(last, first, MI)

____________________________________  
(last, first, MI)  

____________________________________  
(last, first, MI)

**DEFAULT DIAGNOSIS:**  
none

**SPECIAL INSTRUCTIONS** (to be included in DHCP Appointment Management)

none
**REQUIREMENTS FOR CLINIC**  (check all that apply)

___ Encounter Forms  
(optional)

**DECISION SUPPORT SYSTEM (DSS)** complete, sign, date & return within 2 business days.

<table>
<thead>
<tr>
<th>Stop Code</th>
<th>Credit Stop Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

___________ DSS Site Coordinator  
________________________       Date

**APPROVAL**  (Required)

<table>
<thead>
<tr>
<th>Service Chief</th>
<th>Date</th>
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<tbody>
<tr>
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