



CLINIC MANAGEMENT CLIENT PROFILE / NEEDS ASSESSMENT

DATE: _____

CLIENT NAME : _____

ADDRESS 1 : _____

ADDRESS 2 (if any) : _____

ADDRESS 3 (if any): _____

Prime Care puts your needs to heart and would like to address your clinic management concerns. We would like to get to know you more in order to serve you better. Kindly answer the following questions:

- 1. How many sites / clinics would you like us to manage? _____
- 2. What is the DOLE OSH / HIRAC Risk Classification for your company/ establishment?
 - ☐ LOW RISK X
 - ☐ MEDIUM RISK
 - ☐ HIGH RISK
- 3. How many employees do you have?
 - ☐ ADDRESS 1 : _____
 - ☐ ADDRESS 2 (if any) : _____
 - ☐ ADDRESS 2 (if any) : _____
 - TOTAL = _____

