

**PROVIDER INFORMATION SHEET**

**BASIC INFORMATION-**

- Name of the Medical Centre / Physiotherapist: \_\_\_\_\_
- Address : \_\_\_\_\_
- Qualification: \_\_\_\_\_ Specialty: \_\_\_\_\_
- Area: \_\_\_\_\_ City : \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_
- Nearest railway station: \_\_\_\_\_
- Established since: \_\_\_\_\_ Built up area: \_\_\_\_\_
- Landmark if any : \_\_\_\_\_ Way to approach: \_\_\_\_\_
- Accreditation: NABH: \_\_\_\_\_ since: \_\_\_\_\_ from: \_\_\_\_\_  
Other: \_\_\_\_\_

**TIMINGS-**

Slots	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning slot timings</b>							
<b>Slot 2 timings</b>							

**COMMUNICATION MODES-**

- STD code: \_\_\_\_\_ Tel no: \_\_\_\_\_  
Alternative Tel no: \_\_\_\_\_
- FAX: \_\_\_\_\_ Mobile: \_\_\_\_\_
- Email : \_\_\_\_\_ Skype ID: \_\_\_\_\_ Website : \_\_\_\_\_
- Contact person: \_\_\_\_\_ Phone No: \_\_\_\_\_

**GENERAL FACILITIES-**

<input type="checkbox"/> Waiting area	<input type="checkbox"/> Air conditioner
<input type="checkbox"/> Car parking	<input type="checkbox"/> Toilet
<input type="checkbox"/> E- reporting	<input type="checkbox"/> PHR / EMR
Consultation: Appointment system / First come first system	Available mode of payment: Cash / Card / Cheque

**ADVANCED FACILITIES-**

Sr No.	Machines	Availability	Brand/ Make of equipment
1	Multistimulator	<input type="checkbox"/>	
2	TENS	<input type="checkbox"/>	
3	Short Wave Diathermy	<input type="checkbox"/>	
4	Ultrasound	<input type="checkbox"/>	

<b>5</b>	Laser	<input type="checkbox"/>	
<b>6</b>	Cervical Traction	<input type="checkbox"/>	
<b>7</b>	Lumbar traction	<input type="checkbox"/>	
<b>8</b>	CPM	<input type="checkbox"/>	
<b>9</b>	Interferential therapy	<input type="checkbox"/>	
<b>10</b>	Whirl pool bath	<input type="checkbox"/>	
<b>11</b>	Hot packs	<input type="checkbox"/>	
<b>12</b>	Cold packs	<input type="checkbox"/>	
<b>13</b>	Parrafin wax bath	<input type="checkbox"/>	

**TREATMENT-**

- **First consultation charges:** \_\_\_\_\_
- **Discounted charges** \_\_\_\_\_
- **Follow-up charges:** \_\_\_\_\_
- **Medicines inclusive in consultation fees:** Yes / No
- **First free consultation availability:** \_\_\_\_\_
- **Flat discount given on treatment if any:** \_\_\_\_\_

<b>Treatment Specialty</b>	<b>Availability</b>
Neuro Physiotherapy	<input type="checkbox"/>
Musculoskeletal Physiotherapy	<input type="checkbox"/>
Physiotherapy in medical and surgical conditions	<input type="checkbox"/>
Physiotherapy in women's health	<input type="checkbox"/>
Pediatric physiotherapy	<input type="checkbox"/>
Physiotherapy in oncology	<input type="checkbox"/>
Sports physiotherapy	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>
Taping	<input type="checkbox"/>
Dry needling	<input type="checkbox"/>



**ATTACHED TO OTHER CENTRES/ HOSLITALS-**

Hospital name	Consultation days	Consultation timings	Contact No.	Email	Availability of following modes of consultation		
					Tele	Web	Email

Along with information mentioned above, kindly attach the original photographs of Clinic / Centre inclusive of,

- Waiting room
- Main consultation area / treatment room
- Area outside Clinic / Centre
- Consulting doctor
- Attach a visiting card or brochure if available

**Authorized Signatory**

**Stamp**