

Michigan Asthma Resource Kit Distribution Log
Please fax to: Institute for Health Care Studies, MSU (517) 353-4701

Name of Coalition/Distributing Organization: _____

Total # of pages: _____

Coalition/Distributing Organization Contact Person: _____

Phone: () _____

<u>Distribution Date:</u>	<u>Practice/Practitioner Name:</u>	<u>Practice Address:</u>	<u>Office Contact Name:</u>
<u>Office Phone</u> (include area code) () -	<u>Office Fax</u> (include area code) () -	<u>Office Contact Email:</u> Prefers info. Electronically? <input type="checkbox"/> yes <input type="checkbox"/> no	<u>Type of Practice:</u> <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peds <input type="checkbox"/> Pulmonary <input type="checkbox"/> Allergy/Immunology
<u>Name of Person Distributing MARK:</u> Time spent reviewing MARK in office: <input type="checkbox"/> <10 min. <input type="checkbox"/> 10-30 min. <input type="checkbox"/> >30 min.	Approximately what % of the patients in this practice (if known): Have asthma? % Receive Medicaid? %	What is the racial distribution of total patient population for this practice (if known)? <input type="checkbox"/> Majority/All Black <input type="checkbox"/> Majority/All Hispanic <input type="checkbox"/> Majority/All Asian <input type="checkbox"/> Majority/All White <input type="checkbox"/> Majority/All Other (Specify _____) <input type="checkbox"/> No Clear Majority/Heterogeneous	

<u>Distribution Date:</u>	<u>Practice/Practitioner Name:</u>	<u>Practice Address:</u>	<u>Office Contact Name:</u>
<u>Office Phone</u> (include area code) () -	<u>Office Fax</u> (include area code) () -	<u>Office Contact Email:</u> Prefers info. Electronically? <input type="checkbox"/> yes <input type="checkbox"/> no	<u>Type of Practice:</u> <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> Other: _____ <input type="checkbox"/> Peds <input type="checkbox"/> Pulmonary <input type="checkbox"/> Allergy/Immunology
<u>Name of Person Distributing MARK:</u> Time spent reviewing MARK in office: <input type="checkbox"/> <10 min. <input type="checkbox"/> 10-30 min. <input type="checkbox"/> >30 min.	Approximately what % of the patients in this practice (if known): Have asthma? % Receive Medicaid? %	What is the racial distribution of total patient population for this practice (if known)? <input type="checkbox"/> Majority/All Black <input type="checkbox"/> Majority/All Hispanic <input type="checkbox"/> Majority/All Asian <input type="checkbox"/> Majority/All White <input type="checkbox"/> Majority/All Other (Specify _____) <input type="checkbox"/> No Clear Majority/Heterogeneous	