



**Physician Profile Information**

- 1. Full Name and Title \_\_\_\_\_
- 2. Name of Medical Practice \_\_\_\_\_
- 3. Address of Medical Practice \_\_\_\_\_
- 4. Office Telephone Number \_\_\_\_\_
- 5. Office Fax Number \_\_\_\_\_
- 6. Email address \_\_\_\_\_
- 7. Medical Degree completed, including University \_\_\_\_\_
- 8. Special Training and location \_\_\_\_\_
- 9. Board Certification \_\_\_\_\_
- 10. Special Interest/s \_\_\_\_\_
- 11. Special Achievements \_\_\_\_\_
- 12. Educational Experience/Years Practicing \_\_\_\_\_
- 13. Languages Spoken \_\_\_\_\_

\_\_\_\_\_ A current 5 x 7 photo will be submitted to Stephanie Broughton, Manager of Women’s Health Outreach, for placement on Spirit of Women physician directory section of Mercy Health Partners web site, [www.e-mercy.com](http://www.e-mercy.com).

I am interested in talking with the public or the media on the following topics:

- \_\_\_\_\_ Heart Disease and Women
- \_\_\_\_\_ Menopause and Women
- \_\_\_\_\_ Pregnancy and Women
- \_\_\_\_\_ Arthritis/Osteoporosis and Women
- \_\_\_\_\_ Cancer and Women
- \_\_\_\_\_ Aging and Women
- \_\_\_\_\_ Incontinence and Women
- \_\_\_\_\_ Obesity and Women
- \_\_\_\_\_ Sleep Disorders and Women
- \_\_\_\_\_ COPD and Women
- \_\_\_\_\_ Other
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I am willing to be interviewed by the media in the following capacity:

- \_\_\_\_\_ Television
- \_\_\_\_\_ Radio
- \_\_\_\_\_ Newspaper
- \_\_\_\_\_ Magazine
- \_\_\_\_\_ Newsletter
- \_\_\_\_\_ Other

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please fax completed form to Stephanie Broughton @ 513-603-8898.**