 **Provider Inquiry Questionnaire**

Thank you for contacting us! Please take the time to fill out our initial questionnaire. You can send it to admin@mwwjh.com, or drop it off, with your current Resume & (3) References we can contact.

Name: Date:

How did you hear about Medicine Wheel Wellness, and why are you interested in working with MWW?

What type of services do you offer? Do you have any professional Degrees/Certifications/Licenses? Do you have Insurance for your practice?

Why do you think you would be a good fit at MWW?

How busy is your current practice? How many clients a week do you see, on average?

Do you have other office/work space in town?

What is your ideal client?

Anything else you’d like for us to know about you?