EUCLID PUBLIC SECTOR ALTERNATIVE RISK
Custom Risk Solutions

Healthcare Professional Supplemental

State the total number of each of the following.

Athletic trainers	
Nurses	
Counselors	
Psychologists	
Please describe other healthcare professionals:	

Medical Facilities

Do You operate a Medical Clinic	☐ Yes ☐ No
Do You operate a Health department/clinic	☐ Yes ☐ No
Do You operate a Nursing Home:	☐ Yes ☐ No
Do You operate a Senior/Assisted Living Facility	☐ Yes ☐ No
If the applicant answered yes to any of these, please provide a description of each:	

Clinic intended for use by:

Employees	☐ Yes ☐ No
General Public	☐ Yes ☐ No

Indicate the services provided:

Preventative Services	☐ Yes ☐ No
a. Medical	☐ Yes ☐ No
b. Dental	☐ Yes ☐ No
c. Specialty Care: If yes, please describe:	☐ Yes ☐ No
a. Disease Prevention	☐ Yes ☐ No
b. HIV/AIDS Care	☐ Yes ☐ No
c. Immunizations and Allergy Injection	☐ Yes ☐ No
d. Sexually Transmitted Infection and HIV/AIDS Program	☐ Yes ☐ No
e. Diagnostic checks for hearing and vision	☐ Yes ☐ No
f. Tuberculosis Testing	☐ Yes ☐ No
g. Other: Please describe	

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Behavioral Health	☐ Yes ☐ No
a. Addictions Treatment	☐ Yes ☐ No
b. Crisis Care If yes, please describe:	☐ Yes ☐ No
c. Counseling	☐ Yes ☐ No
d. Group Home	☐ Yes ☐ No
e. Women's Residential Services	☐ Yes ☐ No
f. Outpatient Mental Health	☐ Yes ☐ No
g. Outpatient Substance Abuse	☐ Yes ☐ No
h. Other: Please Describe	
Education	☐ Yes ☐ No
a. Smoking Cessation	☐ Yes ☐ No
b. Nutrition	☐ Yes ☐ No
c. Obesity Prevention	☐ Yes ☐ No
d. Alcohol, Tobacco, and Other Drug Prevention	☐ Yes ☐ No
e. Women's Health	☐ Yes ☐ No
f. Other: Please Describe:	
Maternal and Child Health	☐ Yes ☐ No
a. Women Infants and Children (WIC) Program	☐ Yes ☐ No
b. Women's Health: Describe Services:	
c.	☐ Yes ☐ No
	☐ Yes ☐ No