ľ	Client's Name:	Phone#_	ID#:	
_	Attempts to Contact by Phone (Date, Time, Call Result) Example #1: 1/2/00, 8:00pm, Message le Example #2: 1/2/00, 8:00pm, No Answer NOTE: Home visit if "no contact" after a minimum of 5 call attempts 1)			
	2)	7)		
)	3)	8)		
=	4)	9)		
2	5)	10)		
Contact Information	Reason for Contact		an on a burning area a morning	
5	☐ Administer pre-survey		her of appointment	
	☐ Administer survey	☐ Check if	she kept appointment	
	☐ Provide consultation/referral information	☐ Other(sp	pecify):	
:	Contact Details			
5	Contact Date:	Contact Time:		
	Contact To / From (circle one):			
	AND THE COLUMN THE COL			
,	Contact Type: Phone or In Person (specif	fy location):		
•		y locationy.		
)	AND SEPTEMBER SHOULD AND AND AND AND AND AND AND AND AND AN	* 0/ 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
)	Total Time with Client*:	avel Time*:	Expenses:	
)	Total Time with Client*:	* 0/ 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Expenses:	
)	Total Time with Client*: Travel Orly Hours Minutes No Contact	avel Time*:	Expenses:	
)	Total Time with Client*: Trail Hours Minutes Travel Only H	avel Time*:	Expenses:	
)	Total Time with Client*: Travel Orly Hours Minutes No Contact	avel Time*: ours Minutes	Expenses: Mileage Parking	
	Total Time with Client*: Travel Orly Hours Minutes No Contact  Appointment Information  Appointment date:	avel Time*: ours Minutes	Expenses: Mileage Parking  Clinic:	
	Total Time with Client*: Trail Hours Minutes Travel Only H No Contact  Appointment Information  Appointment date:  Appointment kept?: □ Yes □ No,	avel Time*: ours Minutes  Time: why?	Expenses: Mileage Parking  Clinic:	
	Total Time with Client*: Tracel Only Hours Minutes No Contact  Appointment Information  Appointment date:	avel Time*: ours Minutes  Time: why? scheduled appt, date	Expenses: Mileage Parking  Clinic:	
	Total Time with Client*:	avel Time*: ours Minutes  Time: why? scheduled appt, date	Expenses: Mileage Parking  Clinic:	
	Total Time with Client*: Trail Hours Minutes Travel Only Hoo Contact  Appointment Information  Appointment date:	avel Time*: ours Minutes  Time: why? scheduled appt, date	Expenses:  Mileage Parking  Clinic:	
	Total Time with Client*:	avel Time*: ours Minutes  Time: why? scheduled appt, date	Expenses: Mileage Parking  Clinic:	
	Total Time with Client*: Tra   Hours   Minutes	avel Time*: ours Minutes  Time: why? scheduled appt, date et to ck if appointment was	Expenses:  Mileage Parking  Clinic:  As kept**:	
	Total Time with Client*: Trail Hours Minutes Travel Only Hoo Contact  Appointment Information  Appointment date: Yes No, Cancelled Reside Total Travel Only Hoo Contact  Date to Solution Date of Consultation  A. Consumer skills (blue/green/pink/yellow)	avel Time*: ours Minutes  Time: why? scheduled appt, date to to ck if appointment was  Coping Skill:	Expenses:  Mileage Parking  Clinic:  Atime  as kept**:  s: stancing	
	Total Time with Client*: Trail Hours Minutes Travel Only H No Contact  Appointment Information  Appointment date:	avel Time*:  ours Minutes  Time:  why?  scheduled appt, date to to to ki f appointment was  Coping Skill:  E. Di  F. Se	Expenses:  Mileage Parking  Clinic:  Atime  as kept**:  stancing eeking Social Support	
	Total Time with Client*: Trail Hours Minutes Travel Only Hoo Contact  Appointment Information  Appointment date: Yes No, Cancelled Reside Total Travel Only Hoo Contact  Date to Solution Date of Consultation  A. Consumer skills (blue/green/pink/yellow)	avel Time*: ours   Minutes  Time: why? scheduled appt, date to ck if appointment was    Coping Skill:	Expenses:  Mileage Parking  Clinic:  At the second	
	Total Time with Client*: Tra   Hours   Minutes	avel Time*: ours   Minutes  Time: why? scheduled appt, date to ck if appointment was    Coping Skill:	Expenses:  Mileage Parking  Clinic:  as kept**:  s: stancing eeking Social Support scape Avoidance	
	Total Time with Client*: Tracel Consultation  Total Time with Client*: Travel Only Hoo Contact  Appointment Information  Appointment date: See No. Cancelled Reserved Pate to Give reminder call**: Consultation  A. Consumer skills (blue/green/pink/yellow) D. Appointment Magnet Abnormal Pap Education	avel Time*: ours   Minutes  Time: why? scheduled appt, date to to ck if appointment was    Coping Skills   E. Di   F. Se   G. Es     G. Es   H. Pr	Expenses:  Mileage Parking  Clinic:  as kept**:  s: stancing eeking Social Support scape Avoidance	
	Total Time with Client*: Tra   Hours   Minutes	avel Time*:  ours Minutes  Time:  why?  scheduled appt, date e to ck if appointment water  Coping Skill:  F. Se G. E: H. Pr	Expenses:  Mileage Parking  Clinic:  Clinic:  Stancing Seking Social Support Scape Avoidance roblem Solving  Ubstance abuse omestic violence	
Collidat Catcollic	Total Time with Client*:	avel Time*:  ours Minutes  Time:  why?  scheduled appt, date to ck if appointment was  Coping Skill:  F. Se G. E: H. Pr	Expenses:  Mileage Parking  Clinic:  as kept**:  s: stancing eeking Social Support scape Avoidance roblem Solving  ubstance abuse	

Outreach Plan

Contact Notes & Comments	* Prolonged Contact or Travel Times Please explain any unusually long contact times due to interruptions, delays, long waits or other reasons.		
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