



Referrals/Appointments Tracking Log/Checklist

Page 1: PCP Appointments

Client Name: _____ Client Record #: _____

This form facilitates tracking of referrals to and appointments with PCP and other service providers. Use page 1 to record PCP appointments. Use page 2 to record referrals to other services (non-primary care).

PCP Appointment	Associate with Entered Service	Worker(s) Who Made Appointment	PCP Appointment Information	Resources Needed	Appointment Disposition	Date Completed
Client has or had appointment scheduled with PCP: Yes No If Yes, date appt. made: _____ mm dd yyyy	Service Type: _____ Service Date: _____ mm dd yyyy	1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Last Name: _____ First Name: _____ Date of the Appt.: _____ mm dd yyyy	Reminder call/message Transport—Car/Taxi/Van Transport—Public transit Childcare—in field Childcare—service site Accompany from field Accompany at service site Appointment preparation Interpreting services Other (_____) N/A (none required)	Completed Rescheduled Client missed Client showed, but appt incomplete Other (Specify: _____)	_____ mm dd yyyy
Client has or had appointment scheduled with PCP: Yes No If Yes, date appt. made: _____ mm dd yyyy	Service Type: _____ Service Date: _____ mm dd yyyy	1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Last Name: _____ First Name: _____ Date of the Appt.: _____ mm dd yyyy	Reminder call/message Transport—Car/Taxi/Van Transport—Public transit Childcare—in field Childcare—service site Accompany from field Accompany at service site Appointment preparation Interpreting services Other (_____) N/A (none required)	Completed Rescheduled Client missed Client showed, but appt incomplete Other (Specify: _____)	_____ mm dd yyyy

Program Staff Completing Form: _____ <div style="text-align: center; font-size: small;">Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>	Date Completed: _____ <div style="text-align: center; font-size: small;">mm dd yy</div>
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Appointment	Associate with Entered Service	Worker(s) Who Made Appointment	Appointment Information	Resources Needed	Appointment Disposition	Date Completed
Client has or had appointment scheduled: Yes No If Yes, date appt. made: mm dd yyyy	Service Type: _____ Service Date: mm dd yyyy	1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Service Type: _____ Agency: _____ Appt. set: Yes No <i>If Yes, fill in details:</i> Last Name: _____ First Name: _____ Date of the Appt.: mm dd yyyy	Reminder call/message Transport—Car/Taxi/Van Transport—Public transit Childcare—in field Childcare—service site Accompany from field Accompany at service site Appointment preparation Interpreting services Other (_____) N/A (none required)	Completed Rescheduled Client missed Agency refused Client showed, but appt incomplete Other (Specify: _____)	_____ mm dd yyyy
Client has or had appointment scheduled: Yes No If Yes, date appt. made: mm dd yyyy	Service Type: _____ Service Date: mm dd yyyy	1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Service Type: _____ Agency: _____ Appt. set: Yes No <i>If Yes, fill in details:</i> Last Name: _____ First Name: _____ Date of the Appt.: mm dd yyyy	Reminder call/message Transport—Car/Taxi/Van Transport—Public transit Childcare—in field Childcare—service site Accompany from field Accompany at service site Appointment preparation Interpreting services Other (_____) N/A (none required)	Completed Rescheduled Client missed Agency refused Client showed, but appt incomplete Other (Specify: _____)	_____ mm dd yyyy

Program Staff Completing Form: _____ Date Completed: _____

Name
Signature
mm dd yy