

HIGH RISK APPOINTMENT & TRACKING LOG

Date: _____ Site _____

DAY OF WEEK: Monday Tuesday Wednesday Thursday Friday Saturday

Appt. Time	PARTICIPANT INFORMATION	Outcome *
	Client Name: _____ DOB: _____ P / G Name: _____ DOB: _____ Phone Number: _____ Risk Code: _____ Preg Child Infant	Code: _____ Date: _____ Comment:
	Client Name: _____ DOB: _____ P / G Name: _____ DOB: _____ Phone Number: _____ Risk Code: _____ Preg Child Infant	Code: _____ Date: _____ Comment:
	Client Name: _____ DOB: _____ P / G Name: _____ DOB: _____ Phone Number: _____ Risk Code: _____ Preg Child Infant	Code: _____ Date: _____ Comment:
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* **Outcome Codes:** 1) Client seen by RD 2) Phone counseling by RD 3) Client refused referral 4) Client rescheduled 5) Client No Show 6) Phone Disconnected/ No answer/response 7) Left message 8) Confirmed appt with outside referral