Mountain Counties Early Intervention Project

Patient Coordination Flow Sheet

Please remember to enter these services, assessments, education & referrals into ARIES following the clinic.

Referral Type	Date of Orig. Referral	Referral Agency	Date of First Appt.	Total #Visits for Referral	Ref. Data Input
Dental					
Nutrition					
Mental Health					
Substance Abuse					
Other:					

Date	Education	Date	Assessments	Current Risk Assessment	Adherence:	Comments
❑	Hep A, B & C Education	❑	Mental Health	❑ MSM	❑ Identifies meds	
❑	TB Education	❑	Nutrition	❑ IDU	❑ Describes how taken	
❑	PAP Education	❑	Substance Abuse	❑ MSM & IDU	____ # missed in past week	
❑	HIV Ed & Risk Reduction Ed.	❑	Oral Health	❑ Hemo/Coag Dis.	**Reasons for missing:**	
❑	Tobacco Cessation Ed.	❑		❑ Hetero	❑ Side Effects	
❑	Partner Notification Services	❑		❑ Transfusion	❑ Financial	
❑				❑ Perinatal	❑ Lifestyle	
❑			(Assessments doc.	❑ Other:	❑ Other:	
			in chart)	❑ Unknown	***Use Tx Adherence Eval. Form as nec.***	

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