

Clinic Site Encounter Form (OMB Control Number 0935-0166)

Date of encounter: ____/____/____

Practice Facilitator: _____ Clinic Site: _____ Anticipated follow-up meeting: ____/____/____

<p>List the name(s) and degree of person(s) met with:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____ • _____ 	<p>Role of person(s) (Check all that apply):</p> <p><input type="checkbox"/> Administrator <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician/Medical Assistant <input type="checkbox"/> Psychologist <input type="checkbox"/> Dentist <input type="checkbox"/> Counselor <input type="checkbox"/> Health Educator <input type="checkbox"/> Consultant <input type="checkbox"/> Patient <input type="checkbox"/> Other: Specify other: _____</p>	<p>Format of meeting:</p> <p><input type="checkbox"/> One-to-one <input type="checkbox"/> Group</p> <p>Length of meeting:</p> <p><input type="checkbox"/> ≤ 15 minutes <input type="checkbox"/> > 15 minutes – 1 hour <input type="checkbox"/> > 1 – 2 hours <input type="checkbox"/> > 2 hours</p> <p>Level of engagement:</p> <p><input type="checkbox"/> not engaged <input type="checkbox"/> slightly engaged <input type="checkbox"/> somewhat engaged <input type="checkbox"/> engaged <input type="checkbox"/> very engaged</p>	<p>Mode of communication:</p> <p><input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Webinar/skype <input type="checkbox"/> In-person</p> <p>Specify in-person location: _____</p> <p>Effectiveness of meeting:</p> <p><input type="checkbox"/> not effective <input type="checkbox"/> slightly effective <input type="checkbox"/> somewhat effective <input type="checkbox"/> effective <input type="checkbox"/> extremely effective</p>
<p>Extent of Practice Facilitator involvement (check all that apply):</p>	<p><input type="checkbox"/> Assessment <input type="checkbox"/> Hands-on assistance <input type="checkbox"/> Resource gathering <input type="checkbox"/> Resource brokering <input type="checkbox"/> Problem solving</p> <p><input type="checkbox"/> Project planning/management <input type="checkbox"/> Meeting facilitation <input type="checkbox"/> Relationship building <input type="checkbox"/> Teaching <input type="checkbox"/> Other (please specify): _____</p>		
<p>Specify content or topic addressed: (e.g., 'Instruction on PDSA cycles' or 'Text messaging delivery for Diabetes intervention program')</p>			
<p>Items discussed during encounter:</p>			
<p>List action plan(s) for next meeting:</p>			
<p>Impressions/comments (including history of past projects):</p>			