



# Lead Sheet

LEAD NUMBER: \_\_\_\_\_

Source: _____ Affiliation: _____ Phone Number: _____	<p style="text-align: center;">Method of Contact</p> <table><tr><td><input type="checkbox"/> In Person</td><td><input type="checkbox"/> Electronic</td></tr><tr><td><input type="checkbox"/> Observation</td><td><input type="checkbox"/> Telephone</td></tr><tr><td><input type="checkbox"/> Written</td><td><input type="checkbox"/> Other</td></tr></table>	<input type="checkbox"/> In Person	<input type="checkbox"/> Electronic	<input type="checkbox"/> Observation	<input type="checkbox"/> Telephone	<input type="checkbox"/> Written	<input type="checkbox"/> Other
<input type="checkbox"/> In Person	<input type="checkbox"/> Electronic						
<input type="checkbox"/> Observation	<input type="checkbox"/> Telephone						
<input type="checkbox"/> Written	<input type="checkbox"/> Other						

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Narrative:

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Narrative reviewed by: \_\_\_\_\_

Lead Assigned to: \_\_\_\_\_ Date & Time Assigned: \_\_\_\_\_

Lead:

Disposition:

Date & Time Lead Completed: \_\_\_\_\_ Name: \_\_\_\_\_