



PATIENT VISIT TRACKING SHEET

Site Name: _____ **Clinician Name:** _____ **Date:** _____

Patient Information		Clinic Calculations	
Appointment Time:		Number of Stops:	
Arrival Time:		Total Paperwork Time:	
Departure Time:		Total Wait Time:	
Interpreter Needed:	Yes / No	Total MA Time:	
Gender:	M / F / Other	Total Clinician Time:	
Appointment:	Walk-in / Scheduled	Total RN Time:	
Primary Reason for Visit (circle one)	IE: initial visit AE: annual exam/well-woman visit STD Screen: STD screening BC: birth control IUD Ins: IUD/IUS insertion IUD Rem: IUD/IUS removal PT: pregnancy test HIV: HIV screening Injection: depo injection Implant Ins: implant insertion Problem Visit/Infection check: any other service		

[illegible]

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