

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

Date of encounter: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Facilitator: \_\_\_\_\_ Clinic Site: \_\_\_\_\_ Anticipated follow-up meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_

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