

## SAMPLE REFERRAL TRACKING SHEET

Month/Year: June, 2005

\*\*Please initial each entry

<b>Patient Name &amp; ID#</b>	<b>Health Concern or Positive Screen</b>	<b>Assessment When, how and who completed</b>	<b>Intervention/Referral In-house or Community Service</b>	<b>Follow-up Referrals Report tracking By pt report, etc</b>	<b>Updates</b>
Johnny Smith ID#123456	Delayed Speech 6/10	6/10 Discussed at two-year visit	6/10-Referral to Essential Early Education (EEE)	Pt set up appt with EEE 6/25.	7/6 EEE visited child's home for assessment
Annette Jones ID# 456789	Signs of maternal depression 6/15	Two-week child visit, mother answered "yes" to psychosocial screen	-Refer to psychologist in community - refer to Maternal and Child Health (MCH) coordinator at Home Health agency - report back to OB provider - consider discussion with support person - consider meds - plan for follow-up phone call within a week	Follow-up phone call on 6/22; Mother scheduled for counseling on 7/15; MCH coordinator scheduled for home visit on 7/1	One-month well-child visit - Mother reports being given meds – feels "alive" again 7/18