

FUTENMA BRANCH CLINIC
 NEW CHECK IN PI REVIEW SHEET
 UPDATED:11/17/08

To be completed monthly on 10% of the new check in as defined by the monthly End Of Day for BHAW
 Annotate as “Y”, “N”, or “N/A”.

Month: _____ page: _____ of _____

Record	1	2	3	4	5
Date of check-in appt (EOD)					
Initial / last 4 of SSN					
1. Record Jacket Serviceable?					
2. Futenma Label Affixed?					
3. Pencil entries Updated?					
4. Privacy Act Signed?					
5. DD27-66 present?					
6. Section 1-4 completed?					
7. Section 5 (I, C, S, To, A) training documented?					
8. Barriers to Care, Alcohol, Tobacco documented?					
9. Section 6 completed?					
10. Section 7 (2, 3, 4, 5) completed?					
11. Intake SF-600 completed?					
12. SF-600 Signed by Interviewer?					
13. SF-600 Signed by PCM?					
14. HEAR surevey completd					
15. Identified interventions completed?					
16. Full Registration in CHCS completed?					
17. APPT with PCM made?					
18. SAM's updated?					
19. Pink Card & Abstract updated?					
# Possible	19	19	19	19	19
# NO					

100 – [(# no _____ / # possible: 95) x 100] = % compliance

Signature of Reviewer: _____