Family Planning
National Training Center
for Quality Assurance, Quality Improvement and Evaluation

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

Steps During Patient Visit			Stops (*x*)	Time Lapsed (# of minutes)					
Start Time	End Time	Description of Step and Observation		Paper work	Wait	MA	Clinician	RN	Other

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Start Time	End Time	Description of Step and Observation		Paper work	Wait	MA	Clinician	RN	Other