

ITINERANT TRIP REPORT

COMMUNITY:

DATE:

PHN:

INDIVIDUAL LEVEL SERVICES OVERVIEW

- **Goals/Objectives** (fill out prior to trip)
- **Outputs** (fill out after trip - reflected in EHR)

Total clients seen:

	IZ	Well Child	STI/HIV	TB	School Screenings	Outbreak response	Other	No Shows
CHILDREN:								
TEENS:								
ADULTS:								

Location of Service Delivery:

Referrals Made:

OCS or Law Enforcement:

ILP:

Primary Care:

Other: _____

Notes:

Recommended Follow-up based on Assessment Findings:

COMMUNITY AND SYSTEM LEVEL SERVICES OVERVIEW

- **Goals/Objectives** (fill out prior to trip)

- **Outputs** (fill out after trip - reflected in Population-based Data System)

Emergency Preparedness:

Interpersonal Violence:

Communicable Disease (STI, TB, Other):

Immunization:

Community Assessment:

Community Health Improvement:

Other:

Notes:

Recommended Follow-up based on Assessment Findings:

NARRATIVE

Trip Conditions, Lodging, Weather:

Goals Accomplished, Highlights:

Access to Care Issues:

PHN/Client stories and photos: