

Patient Retention Record (revised 9/22/05)

| MR# | Name | Phone | Sex | MD | Appt Date | Appt Time |
|-----------|------|------------------------------|---|---|---|---|
| | | | | | | |
| Comments: | | Show | Post Call-No Show/New patient F/U | | Reason for Missing Appt | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> Not a working # | <input type="checkbox"/> Left voice mail | <input type="checkbox"/> Forgot | <input type="checkbox"/> Transportation |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Spoke with patient | <input type="checkbox"/> Spoke with other | <input type="checkbox"/> Conflicting Appt | <input type="checkbox"/> Personal |
| | | | <input type="checkbox"/> Busy/No Answer | <input type="checkbox"/> Not called | <input type="checkbox"/> Other _____ | |
| | | | Date: _____ | | | |
| | | | Time: _____ | | | |

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