Provider Detailing Visit Tracking Form
(Example Template)

DOWNLOAD

Template

Organization
000.000.0000
City, State, Zip
Detailer: _____

AETC Program

Provider Detailing Visit Tracking Form

Clinic/Health Center Name			
Participant(s)/ Credentials			
Address			
Telephone		**Email**	
Community Demographics			

Date of initial contact attempt	Date		
Method of contact	□ telephone □ email □ in-person visit		
Follow Up result of contact	□ phone call no answer □ phone call left voicemail, □ phone call spoke to non-provider (e.g., receptionist) □ phone call spoke to provider □ email no response □ email response		

Appointment Scheduled	Participants		
	Date	Time	Type of visit: □ in-person □ virtual
	IND-PAR on file: □ Yes □ No		
Notes/Challenges			