



**RIGHT FROM THE START  
RCC MONTHLY CONTACT REPORTING SHEET**



PROVIDER'S NAME, ADDRESS & TELEPHONE	TYPE OF ENCOUNTER	PURPOSE OF VISIT	RESULTS OF VISIT
Date: _____ Name: _____  Telephone: _____ <input type="checkbox"/> OB/GYN <input type="checkbox"/> Ped <input type="checkbox"/> DCC <input type="checkbox"/> Other: _____	<input type="checkbox"/> On Site <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to Face <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Recruitment <input type="checkbox"/> Community Outreach <input type="checkbox"/> Training <input type="checkbox"/> PRSI Pick-up <input type="checkbox"/> Other (Specify) _____ _____ _____	Contact Person: _____    
Date: _____ Name: _____  Telephone: _____ <input type="checkbox"/> OB/GYN <input type="checkbox"/> Ped <input type="checkbox"/> DCC <input type="checkbox"/> Other: _____	<input type="checkbox"/> On Site <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to Face <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Recruitment <input type="checkbox"/> Community Outreach <input type="checkbox"/> Training <input type="checkbox"/> PRSI Pick-up <input type="checkbox"/> Other (Specify) _____ _____ _____	Contact Person: _____    
Date: _____ Name: _____  Telephone: _____ <input type="checkbox"/> OB/GYN <input type="checkbox"/> Ped <input type="checkbox"/> DCC <input type="checkbox"/> Other: _____	<input type="checkbox"/> On Site <input type="checkbox"/> Telephone call <input type="checkbox"/> Face to Face <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Recruitment <input type="checkbox"/> Community Outreach <input type="checkbox"/> Training <input type="checkbox"/> PRSI Pick-up <input type="checkbox"/> Other (Specify) _____ _____ _____	Contact Person: _____    

RCC SIGNATURE: \_\_\_\_\_

Region: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_