Patient Flow Analysis

Data Set Name:

State | County | Other ID | Other ID | Study No.

Clinic Characteristics Codes

Geographic……………………………………………………………

Clinic Hours……………………………………………………………

Organizational…………………………………………………………

Services Provided……………………………………………………

Other……………………………………………………………………

Other……………………………………………………………………

Date (Month/Day/Year)………………………………

Scheduled Time of Clinic

	HR	:	MIN	A/P
Start…………………………………………………		:		
End…………………………………………………		:		

Earliest Time in the Data……………………………… | : |

Latest Time in the Data……………………………… | : |

Number of Appointments Scheduled………………………………

COMMENTS….. ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

___ ___ ___ ___ ___ ___ ___ ___ ___ ___

___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Patient Flow Analysis

Personal Identification Code…………………………………………………………………………………

Official Designation Code……………………………………………………………………………………

Clinic Task Assigned Code……………………………………………………………………………………

	HR	:	MIN

Time you are ready to serve patients……………………………………………………………

Break Times (FIFTEEN Minutes or More)

Time Out: Time In:

from   to

	HR	:	MIN

Time you are no longer available to serve patients……………………………………

If in travel status in order to work in this clinic

Miles Traveled (round trip)………………………………………………………………………

Mileage Rate (cents/mile)…………………………………………………………………………

Time in Travel Status (minutes)…………………………………………………………………

SOURCE OF FUNDS FOR YOUR SALARY (code)……………………………………………………………

GROSS SALARY………………………………………………………………

DAYS OF PAID SICK & ANNUAL EARNED PLUS HOLIDAYS……………………………………………

FRINGE BENEFITS (%)……………………………………………………………………………………

HOURS IN A NORMAL WORK WEEK……………………………………………………………………

Patient Flow Analysis

PATIENT NUMBER..

REASON FOR VISIT..

SUBCLASSIFICATION Code...

	HR	:	MIN
Time of arrival in clinic...			
Time of appointment (clinic record)...			

PATIENT SERVICE TIME:

Contact #	Personal ID Code	Start Time	End Time
1.		:	:
2.		:	:
3.		:	:
4.		:	:
5.		:	:
6.		:	:
7.		:	:
8.		:	:
9.		:	:
10.		:	:
11.		:	:
12.		:	:
13.		:	:
14.		:	:
15.		:	:

Patient Flow Analysis

All Patients: Please print your name on the first blank line and enter the time that you arrived and the time of your appointment.

Page No._____

Clinic Location:_____   Date:_____   Time:_____

Patient Number	Name	Time of	
		Arrival	Appointment
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

Patient Flow Analysis

LOCATION _____   DATE_____   TIME_____   DATA SET NAME_____

PERSONAL ID		OFFICIAL DESIGNATION		TASK(S) ASSIGNED		SOURCE OF FUNDS	GROSS SALARY	PER	LEAVE AND HOLIDAYS*	% FRINGE BENEFITS	HOURS IN WORKWEEK
NAME	CODE		CODE		CODE						

* If the percentage for fringe benefits includes leave and holiday, enter 0 in this column.

Patient Flow Analysis

REASON FOR VISIT (Patient)

Code	Definition
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
V	
W	
X	
Y	
Z	

SUBCLASSIFICATION (Patient)

Code	Definition
A	
B	
C	
D	
E	
F	
G	

CLINIC TASK ASSIGNED (Personnel)

Code	Definition
A	
B	
C	
D	
E	
H	
I	
L	
M	
N	
O	
P	
R	
S	
T	