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| **Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | **Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Patient Name** | | **Case Manager** | | **Contact Attempt #1** | | **Contact Attempt #2** | | | **Contact Attempt #3** | | **Contact Attempt #4** | | **Contact Attempt #5** | | **Results** | | |
| **Date** | **Type** | **Date** | **Type** | | **Date** | **Type** | **Date** | **Type** | **Date** | **Type** |  | | |
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| **Type of Contact** |  | |  | | | | | | **Results:** | | | | | | |  |
| Home visit: | 1 | |  | | | | | | Patient was re-engage into medical care and supportive services | | | | | | | 1 |
| Telephone: | 2 | |  | | | | | | After 5th attempt to contact patient was not re-engage into medical care | | | | | | | 2 |
| Shelter or Institutional visit | 3 | |  | | | | | |  | | | | | | |  |
| Email: | 4 | |  | | | | | | Patient in care elsewhere | | | | | | | 3 |
| Text message: | 5 | |  | | | | | |  | | | | | | |  |
| Other: | 6 | |  | | | | | |  | | | | | | |  |

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations*.  Learn more at* <http://cahpp.org/project/medheart/models-of-care>