



# Outreach Field Follow-Up Report Form

1. Date of Contact or attempted contact: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. GPS Coordinates:

|                 |                  |
|-----------------|------------------|
| Latitudes _____ | Longitudes _____ |
|-----------------|------------------|

|   |                        |   |
|---|------------------------|---|
| 3. Last Name:   | First Name:            | Middle Name:  |
| 4. Town/Village:  | Estate/Nearest Centre: | Section/Homestead:  |
| 5. AMRS Universal ID:   |                        | 6. Date of Missed Appointment: _____/_____/_____                                  |
| 7. AMPATH #:  | 8. AMPATH Clinic Site: | 9. Patient Category: <input type="checkbox"/> Adult <input type="checkbox"/> Pead |
| 10. Primary Reason for Attempted Contact: <input type="checkbox"/> No Show Follow-up <input type="checkbox"/> Pharmacy Request <input type="checkbox"/> Clinical Issue <input type="checkbox"/> Research<br><input type="checkbox"/> LTFU <input type="checkbox"/> Other_____(free text)_____ |                        |   |

**If not followed up:**

11. Reason:     No Locator Form     Too Far     Patient Refused follow up

**If followed up:**

12. Directed toward:     The Patient     Caregiver    **Is the Caregiver an AMPATH patient?**     Yes     No     Unknown    **If yes, AMPATH #** \_\_\_\_\_

12a. What method was used to contact the patient/Caregiver?

|                                       |                        |  |
|---------------------------------------|------------------------|--|
| <input type="checkbox"/> Phone        | No. of attempts: _____ | Successful? <input type="radio"/> Yes <input type="radio"/> No |
| <input type="checkbox"/> AMPATH Car   | No. of attempts: _____ | Successful? <input type="radio"/> Yes <input type="radio"/> No |
| <input type="checkbox"/> Public Means | No. of attempts: _____ | Successful? <input type="radio"/> Yes <input type="radio"/> No |
| <input type="checkbox"/> CCC/CBOW     | No. of attempts: _____ | Successful? <input type="radio"/> Yes <input type="radio"/> No |

13. Was the patient found?     Yes (includes deceased)     No

**If not found:**

13a. Reason:     Phone not connecting     Locator information inadequate     Road impassable  
 Patient moved away     At work     Not at home     Other \_\_\_\_\_(free text)\_\_\_\_\_  
 Not found but information Supplied by:     Spouse     Household Member     Neighbour     Other\_\_\_\_\_(free text)\_\_\_\_\_

**If found or information supplied:**

13b. Date found: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

13c. Location of contact:     Home     Work     Phone     School     Other \_\_\_\_\_(free text)\_\_\_\_\_

13d. Reason for missed visit (tick all that apply):

|  |                        |   |   |
|--|------------------------|---|---|
| <input type="checkbox"/> Deceased  | DOD: _____/_____/_____ | Reported by: _____  | DOD: <input type="radio"/> Confirmed <input type="radio"/> Estimated                          |
| <b>Reason for death:</b><br><input type="radio"/> Suicide <input type="radio"/> Accident <input type="radio"/> Murder <input type="radio"/> Illness<br><input type="radio"/> Other _____ |                        | <b>Was Investigation for cause of death done:</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | <b>If Yes, what method:</b><br><input type="radio"/> Verbal <input type="radio"/> Post-mortem |
| <input type="checkbox"/> Transferred clinic<br>[New Clinic: _____    New AMPATH ID: [Please update this in patient dashboard] _____]   |                        |   |   |
| <input type="checkbox"/> Did not actually missed appointment   |                        | <input type="checkbox"/> Transport Costs  |   |
| <input type="checkbox"/> Forgot Appointment  |                        | <input type="checkbox"/> Family Commitments   |   |
| <input type="checkbox"/> <b>Work Commitments</b> <input type="radio"/> Patient <input type="radio"/> Caregiver   |                        | <input type="checkbox"/> <b>Too ill to come</b> <input type="radio"/> Patient <input type="radio"/> Caregiver                         |   |
| <input type="checkbox"/> School commitments (Patient)  |                        | <input type="checkbox"/> Disclosure issues  |   |
| <input type="checkbox"/> Travelled   |                        | <input type="checkbox"/> Insecurity   |   |
| <input type="checkbox"/> Displaced   |                        | <input type="checkbox"/> Other _____(free text)_____  |   |
| <input type="checkbox"/> <b>Refused care:</b> <input type="radio"/> Patient <input type="radio"/> Caregiver  |                        |   |   |
| <b>Reason:</b>   |                        |   |   |
| <input type="radio"/> Family Discrimination(disclosure)  |                        | <input type="radio"/> Community Discrimination  |   |
| <input type="radio"/> Denial of Status   |                        | <input type="radio"/> Taking herbals  |   |
|  |                        | <input type="radio"/> Believes healed by faith  |   |
|  |                        | <input type="radio"/> No longer taking medicines  |   |

13e. Does patient plan to return to clinic?     Yes [Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_]     No     Unknown

13f. Referral to:     Social Work     Support Group     Counseling     Other \_\_\_\_\_(free text)\_\_\_\_\_

14. Refer to Outreach to update locator information?     Yes     No

15. Any other information:

16. Form completed by: \_\_\_\_\_    **Provider ID:** \_\_\_\_\_