## Appendix E: Example of a Patient Tracking Sheet

<table>
<thead>
<tr>
<th>Dummy ID</th>
<th>Medical Record Number</th>
<th>Date of Visit</th>
<th>Date of Screening</th>
<th>Screen positive</th>
<th>Referral?</th>
<th>Intensive counseling?</th>
<th>Follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please use the correct dummy ID for patients who screened positive! This column is for your records only. Please maintain a copy of this file with this number. Please do not send files with medical record numbers or patient names.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/5/2013</td>
<td>8/28/2013</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/19/2013</td>
<td>8/21/2013</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/26/2013</td>
<td>9/20/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/26/2013</td>
<td>9/24/2013</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10/24/2013</td>
<td>10/15/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10/24/2013</td>
<td>10/7/2013</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/8/2013</td>
<td>10/17/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/11/2013</td>
<td>10/30/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/11/2013</td>
<td>11/18/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/12/2013</td>
<td>11/4/2013</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**Please provide date patient was most recently screened on or prior to date of visit (Column C).**

**Please provide the date of this visit.**

**What behavioral test did patient screen positive for?**

1=PHQ9>4
2=AUDIT>8
3=Both
4=don't know

**What medical test did patient screen positive for?**

1=BM≥30
2=HbA1c>7
3=Both
4=don't know

**If this patient's screen was "positive" did the patient receive a referral with outreach?**

1=Yes
2=No
3=Don't know

**If this patient's screen was "positive" did the patient receive a warm handoff referral?**

1=Yes
2=No
3=Don't know

**If this patient's screen was "positive" did the patient receive a staff or self-referral?**

1=Yes
2=No
3=Don't know

**If referred, did patient receive intensive counseling from primary care clinician?**

1=Yes
2=No
3=Don't know

**If referred, did patient receive intensive counseling from psychiatrist?**

1=Yes
2=No
3=Don't know

**If referred, did patient receive intensive counseling from health coach?**

1=Yes
2=No
3=Don't know

**If referred, did patient receive intensive counseling from behavioral health counselor?**

1=Yes
2=No
3=Don't know

**If referred, was patient followed-up?**

1=Feedback from psychiatry
2=Feedback from HC/BHC
3=No show
4=Don't know