

Progress Note for The Prevention and Access to Care and Treatment (PACT) Program

Patient Name:	Patient ID:
Date:	Health promoter:

NOTES:

MEDICATION ADHERENCE
Patient's Response to: "Did you have any trouble taking your meds today on time and like you're supposed to? Yesterday? The day before?" "What happened?"
Self Report - Doses missed in the past week <i>Write "none" or list days and doses missed</i>
Pillbox Check - Yes / No - Doses missed in the past week: <i>Write "none" or list days and doses missed</i>

<input type="checkbox"/> 1 Health Care	<input type="checkbox"/> 2 Social Service	<input type="checkbox"/> 3 Counseling	<input type="checkbox"/> 4 Info Change
Home/PACT visit Accompaniment Contacting provider Pharmacy Insurance Appointment planning Discharge Planning Referrals _____ Other: _____	Housing Legal Immigration Food Utilities Domestic violence Substance abuse Referrals _____ Other: _____	Adherence HIV Safe sex/condoms Mental health Substance use Domestic violence Breakthrough/"aha" Referrals _____ Other: _____	Home address Phone Inpatient residence Insurance PCP/HIV MD Clinic / Hospital Activity level PACT program Other: _____

	Activity	Time (minutes)					
		1-15	16-30	31-60	61-90	91-120	>120
A	<input type="checkbox"/> PATIENT: PACT office visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
B	<input type="checkbox"/> PATIENT: Home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
C	<input type="checkbox"/> PATIENT: Outpatient/ER accompaniment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
D	<input type="checkbox"/> PATIENT: Inpatient accompaniment/hospital visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
E	<input type="checkbox"/> PATIENT: Social service accompaniment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
F	<input type="checkbox"/> PATIENT: Phone call with patient/left message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
G	<input type="checkbox"/> PATIENT: Missed PACT visit (record wait time if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
H	<input type="checkbox"/> PACT: PACT team case consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
I	<input type="checkbox"/> PROVIDER: Talked/met with provider / left message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
J	<input type="checkbox"/> ADMINISTRATIVE: Paperwork, faxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
K	<input type="checkbox"/> TRAVEL: Total for this contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

Signature of Health Promoter _____