



Patient Compliance

Request for Information

Please take a moment to complete this form and fax back to PAMC.

We have received information that calls this patient's compliance into question. Please follow up with the patient and complete this form.

PATIENT NAME _____
PAMC ID NUMBER

Missed Appointment Exhibited Inappropriate Behavior Other _____

APPOINTMENT DATE _____
ELIGIBILITY EXPIRATION DATE

WITH VOLUNTEER PHYSICIAN _____
VOLUNTEER PHYSICIAN PHONE

Check the boxes that are associated with this patient's non-compliance. We will track this data and investigate potential solutions.

Transportation Issues Forgot Appointment Felt too sick to attend Child Care Issues

Fear/Anxiety Misunderstanding Language Issues (miscommunication)

Other: _____

On _____ (date) this patient confirmed verbally with _____ (staff) that they would attend this appointment .

During a follow up call, the patient gave this reason for the report:

Based upon your own knowledge of your patient, and your expertise, would you say:

This appears to be a reasonable excuse, and I request the patient be allowed to continue their enrollment.

This does not appear to be a legitimate excuse, and the patient understands they may be dismissed from the program for at least six months.

HOME CLINIC COORDINATOR NAME (PRINT)

SIGNATURE

DATE

Please complete and return to Project Access Multnomah County at **503.548.4849**