

## HCHD QI Patient Assessment Tool

Date: \_\_\_\_\_

Clinic Type \_\_\_\_\_

Service	Staff Initials	Time In	Time Out	Comments
Sign-in time/ Eligibility				
Chart Pick-up				
Triage				
Nurse Interview/CNA				
Lab				
Medical Provider-Exam Room				
Treatment (Include Immunizations)				
Discharge				
Billing				
Social Worker				

**Reasons for extended time:**

*(Check & initial all that apply)*

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Needed an Interpreter for services _____</li> <li><input type="checkbox"/> Income card unavailable _____</li> <li><input type="checkbox"/> Medical record unavailable _____</li> <li><input type="checkbox"/> Difficulty screening income _____</li> <li><input type="checkbox"/> Delays with weight, height, &amp; lab screening</li> <li><input type="checkbox"/> Delays in seeing a Medical Provider _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Delays in getting medical treatment _____</li> <li><input type="checkbox"/> Waiting to be placed in exam room _____</li> <li><input type="checkbox"/> Technical/Equipment difficulty _____</li> <li><input type="checkbox"/> Multiple family members to be seen _____</li> <li><input type="checkbox"/> Staff shortage _____</li> <li><input type="checkbox"/> Multiple Problems _____</li> </ul> |
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