

CLIENT MEMBER INFORMATION, SCREENING AND TRACKING PROFORMA

Date Time	Event:	Notes:
PART 1 – INFORMATION AND REFERRAL CONTACT		
Referral Caller:		
Referral Caller Telephone No:		
Primary Client Name:		
Client Address:		Svc No:
		VAC Client No:
Client Telephone No:		Client Email:
Client Problem:		
Client Self Help Action:		Results:
Help Requested:		
Risk Assessment:		Rationale:
Branch/Facilitator Assessment (select 1): I&R Only MAP CSS Reject		Rationale: Need to Refer Higher (Yes/No)
VPP Director/VPPVM Decision:		
VPP Volunteer Assigned:		
PART 2 – EXTENDED SERVICES PROVIDED		
Plan:		
Actions Taken:		
Follow up Results:		
Monitoring Program proposed:		
PART 3 - LESSONS LEARNED		