Report of Client Deemed Lost to Follow Up

Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Version: October 2016

Date: _____/_____/_____ *(Date form completed)*

Provider Information:

_____
Provider Name

_____
Clinic Name (Do not abbreviate)

_____ (_____) _____
City Phone Number

Client Information:

_____
Client Name - *If name has changed, please list both names*

_____- _____- _____ _____/_____/_____
Client Social Security # Client Date of Birth

Screening/Diagnostic/Exam/Test/Treatment Date: _____/_____/_____

Exam/Procedure that is being recommended for follow up:

_____

The client is considered lost to follow up ONLY when:

1. Attempted contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired."

***DO NOT* use this form for clients that do not show up for scheduled exams.**

Contact Date	Type of Contact	Results	Leads

You must make at least three (3) attempts to locate the client before deeming her lost to follow up.
Documentation must include the dates and types of contacts, as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up.
FAILURE TO SHOW UP FOR A SCHEDULED APPOINTMENT DOES NOT CONSTITUTE LOST TO FOLLOW UP.

1. _____
_____

2. _____
_____

3. _____
_____

Date: ____/____/____ *(Date provider deemed client was lost to follow up or could not locate client)*

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