

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.

4/2022

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.

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.

Contact	Contact Date	Type of Contact	Results	Leads
1	____/____/____			
2	____/____/____			
3	____/____/____			
Date provider deemed client was lost to follow up or could not locate client				Date: ____/____/____

Every Woman Matters || 301 Centennial Mall South || P.O. Box 94817 || Lincoln, NE 68509-4817

1-800-532-2227 Fax: (402) 471-0913

E-mail: dhhs.EWM@nebraska.gov Website: www.dhhs.ne.gov/ewm

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