



# VISIT COVER SHEET

## Immunization Practices Improvement



MnVFC PIN		Date of Visit		Date Reviewed by MDH Staff	
<b>Type of Visit</b> <input type="checkbox"/> MnVFC site visit <input type="checkbox"/> Immunization assessment <input type="checkbox"/> Follow-up <input type="checkbox"/> Enrollment <input type="checkbox"/> Educational					
<b>CLINIC INFORMATION</b>					
Clinic Name			Clinic City		Clinic County
					Zip
MnVFC Contact <input type="checkbox"/> New contact					
<b>Specialty of Practice</b> <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Ob/Gyn <input type="checkbox"/> Multi-specialty <input type="checkbox"/> Health Dept <input type="checkbox"/> Other					
Clinic Personnel at Review					
<b>IPI ADVISOR INFORMATION</b>					
Advisor		IPI Advisor County		Phone	e-mail
<b>POST VISIT STEPS</b>					
<p><b>Required forms sent to clinic:</b></p> <input type="checkbox"/> Thank you letter <input type="checkbox"/> IPI Program Provider Questionnaire <input type="checkbox"/> IPI Program Revised/Updated Clinic Checklist					
<p><b>Required forms sent to MDH:</b></p> <input type="checkbox"/> IPI Visit Cover Sheet <input type="checkbox"/> IPI Program Provider Questionnaire <input type="checkbox"/> IPI Program Clinic Checklist			<p><b>If Immunization Assessment conducted:</b></p> <input type="checkbox"/> MIIC Immunization Assessment _____ Date forms sent to MDH		
<p><b>Educational Visit</b></p> <input type="checkbox"/> IPI Visit Cover Sheet <input type="checkbox"/> IPI Educational Visit Form					
<p><b>Follow-up Visit</b></p> <input type="checkbox"/> IPI Visit Cover Sheet <input type="checkbox"/> IPI Follow-up Clinic Visit Form					