



# FOLLOW-UP FORM

## Immunization Practices Improvement



MNVFC PIN	CLINIC NAME		FOLLOW-UP DATE DATE FORM SENT TO MDH	
CLINIC CONTACT		PHONE	EMAIL	ORIGINAL VISIT DATE
IPI ADVISOR/COUNTY				
FOLLOW UP TYPE : <input type="checkbox"/> LETTER OR EMAIL (ATTACH TO FORM) <input type="checkbox"/> PHONE CALL <input type="checkbox"/> VISIT (ATTACH A VISIT COVER SHEET)				
INFORMATION DISCUSSED / ACTIONS TAKEN:				
ISSUES RESOLVED:				
UNRESOLVED ISSUES AND FOLLOW – UP PLAN				
<b>To be completed by IPI Coordinator at MDH</b>				
<input type="checkbox"/> Primary Education/Follow-up	<input type="checkbox"/> Secondary Education/Follow-up	<input type="checkbox"/> Tertiary Education/Follow-up		
<input type="checkbox"/> email/letter/phone call <input type="checkbox"/> visit	<input type="checkbox"/> email/letter/phone call <input type="checkbox"/> visit	<input type="checkbox"/> email/letter/phone call <input type="checkbox"/> visit		
Date Reviewed:		IPI Coordinator Signature:		