Oklahoma State Department of Health
Patient Flow Analysis

Client Register

County: _____ Date: _____

Client ID Number: (See sign in sheet)…….. ☐☐☐

Reason for Visit--(Program--PHOCIS)—See list)…… ☐

Appointment Type: (Mark only one) ☐ **Annual/Initial** ☐ **Return** ☐ **Follow-up/Limited**
☐ **WIC Cert/Recert** ☐ **WIC Nut Ed** ☐ **WIC Food Instrument Pickup** ☐ **Other** _____

Scheduled/Walk-In: (Mark only one) ☐ **Scheduled Appointment: Appt Time:** HR ☐☐ MIN ☐☐
☐ **Walk-In**

Non-English Speaking: ☐ **Yes** ☐ **No** **Client's Age:** ☐

Time of Arrival…….. : HR ☐☐ MIN ☐☐

Time of Departure…….. : ☐☐ ☐☐

Client Service Contacts—See List of Tasks and Task Codes

#	Staff ID	Task (code or description) (If Immunization—indicate # antigens given)	Start Time	End Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Client Service Contacts—continued from front Client Register

#	Staff ID	Task (code or description) (If Immunization—indicate # antigens given)	Start Time	End Time
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

Client Unavailable or Non-Contact			
	Reason Unavailable: specify (examples—view video, personal time, etc.)	**Start Time**	**End Time**
1			
2			
3			