Oklahoma State Department of Health
Patient Flow Analysis

Personnel Register

County: _____ Date: _____
Name: _____ Title: _____

Staff ID: (text-2 characters) [ ][ ] --(see list supplied)

(Data Entry Only—may designate 2 additional identifiers for each task performed by single staff member)

	HR	MIN
Time you are ready to serve clients……..…….. :	[ ][ ]	[ ][ ]
Time you are no longer available to serve clients……..……. :	[ ][ ]	[ ][ ]

Travel to work in this clinic:

Miles Traveled (roundtrip)……..	[ ][ ][ ]
Mileage Rate (cents/mile)……..	[ ][ ][ ]
Time in Travel Status (minutes)…….	[ ][ ][ ]

Other: Student ☐ Yes New Employee: ☐ Yes (less than 6 mo)

Unavailable/Non-Contact Time
(Examples: Break or Personal Business, Lunch, Client Call, Duties outside this clinic, etc)

Reason Unavailable/Non-Contact	Start Time	End Time

Attach additional sheets if necessary.