MemorialCare™

IHA (Initial Health Assessment) Log

Submit Form

Please use this log with the monthly new member list provided.
Once completed, return form to MCSelectQuality@memorialcare.org or via fax to:(657) 276-4767

Patient Information			IHA Patient Out Reach (Please place a "C" for Phone Call, "L" for Letter, "O" for Other. For O, please describe in "Comments" with any additional comments)						
Last Name	First Name	Date of Birth	1st Attempt / Date		2nd Attempt / Date		3rd Attempt / Date		Comments
Doe	John	01/01/2001	C	11/12/13	C	11/13/13	C	11/14/13	EXAMPLE: Spoke with patient, appointment confirmed and saw Dr. _____ on 11/16/13.