

Newport Healthy Residents, Healthy Homes

Response Team Notes

ID# _____ Enrollment #: _____

Name (last): _____ (first): _____ (MI): _____

Phone: (____) _____ Alternate Phone: (____) _____

Address/Apartment #: _____

Stratification and Case Assignment

Please note all relevant factors to be considered:

Asthma: _____

Housing/Environmental: _____

Medical Home/Health Insurance: _____

Smoking: _____

Other Health or Social: _____

Team Member assigned to make initial home visit: _____ date opened: ____/____/____

Arrange Initial Home Visit

Please document all attempts to contact resident for initial home visit

Did resident agree to initial home visit? Yes No

If yes, note date and time of visit: ____/____/____ at ____:____ am pm

