



RANKIN INLET WEEKLY STATISTICAL REPORT

Physician Name: _____		Date: M ____ D ____ Y ____ to M ____ D ____ Y ____			
NUMBER OF PATIENTS SEEN:					
Children <16 years	Adults ≥ 16 years	TOTAL	Prenatals Referred to Physician	Deliveries Attended by Physician	Perinatal Committee. Meetings Attended
CHART REVIEW		HOME VISITS		ELECTIVE REFERRALS MADE	
# Reviewed: _____		# of Home Visits: _____		To Medical Specialists: _____	
				To Community Resource Programs: _____	
EMERGENCY EVACUATIONS					
# of Emergency Evacuations:	# Accompanied by Physician:	Reason for Evacuation:			
CONTINUING EDUCATION					
Inservice Held? Yes ____ No ____	Topic: _____			Audience: _____	
COMMUNITY EDUCATION / ACTIVITIES: DESCRIBE					
COMMENTS					
For Office Use Only					
Date Received by Northern Medical Unit: _____			<input type="checkbox"/> Program Coordinator Review: _____		
<input type="checkbox"/> Followup required:					