**Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Describe Patient** (gender, approx. age, shoes, hair, etc.) |  | | |  | | |  | | |  | | |
| **Provider Name** |  | | |  | | |  | | |  | | |
| **Appointment Time** (9:15, 2:30, etc.) |  | | |  | | |  | | |  | | |
| **Patient Arrival Time** (Actual Time) |  | | |  | | |  | | |  | | |
| **Scheduled Time** (15, 30, 40 mins) |  | | |  | | |  | | |  | | |
|  | **In** | **Out** | **Total Time** | **In** | **Out** | **Total Time** | **In** | **Out** | **Total Time** | **In** | **Out** | **Total Time** |
| **Registration Time** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Waiting Room Time** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Clinical Check-In** (Pt. with Nursing Staff) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exam Room Time** (Pt. alone in the exam room) |  |  |  |  |  |  |  |  |  |  |  |  |
| **Provider Time 1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Waiting for provider to return 1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Provider Time 2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Waiting for provider to return 2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Provider Time 3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Waiting for provider to return 3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Check-out Time** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Comments** |  | | |  | | |  | | |  | | |