CLIENT NOT SEEN / DISCHARGE (CNSD) FORM

HIGH RISK INFANT FOLLOW-UP

HRIF ID #

*Required Field

*DATE CLIENT NOT SEEN / DISCHARGE: ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY)

*CATEGORY *(Required Field)*		
☐ No Appointment Scheduled	☐ Core Visit Appointment Scheduled	☐ Discharged

*REASON FOR CLIENT NOT SEEN / DISCHARGE *(Required Field)*

☐ Appt Cancelled/COVID-19 Related	☐ Parent Declines Due to Cost
☐ Infant Illness	☐ Insurance Authorization Problems
☐ Infant Hospitalized	☐ CCS Denied
☐ Infant Referred to Another HRIF Clinic	☐ Clinic Visit Considered Unnecessary
☐ Infant/Family Moved Within California	☐ Lack of Transportation
☐ Infant/Family Moved Out of State	☐ Lost to Follow-up
☐ Infant Expired	☐ Unable to Contact
☐ Parent Illness	☐ Other: _____
☐ Parent Refused	☐ No Show/Reason Unknown
☐ Parent Competing Priorities	

*DISPOSITION *(Required Field)*

☐ Scheduled Appointment	☐ Will Schedule Appointment	☐ Will Be Followed by Another CCS HRIF Clinic (1)
DISCHARGED: ☐ Family Moving Out of State/Country	☐ Will be Followed Elsewhere	☐ Closed Out of Program

(1)   Learn How To Transfer a Record to Another CCS HRIF Clinic.

CPQCC