

Huddle Warm-Up

Scrub Report for: _____ Clinic Date: _____ Completed by: _____

Appt Time	Last Name/ Last 4 MR	New or F/U Last seen?	Confirmed Appt	Pre-Clinic Labs	Pertinent Lab Values	Screening/ Immunizations Needed	Health Coaching/ Patient Concerns/ Consults/Etc.	FOLLOW UP (Post Huddle or Appt)
		D New Patient D F/U last Seen:	D Yes D No D Cancelled D Resched	D Completed D Not Done D Pt called D N/A-no orders		D Td / TdaP D CRC D Pneumovax D Mammo D Influenza/H1N1 D Pap D Other:		
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