

# Visit Status

Mark as Complete



1 of 4 completed

Assessment Date

12/02/2020



1. Indicate the type of visit that was conducted:



Select



1a. Was this visit conducted as an Out of Clinic visit?



Yes



1b. Indicate primary reason Out of Clinic visit was conducted:



Select



2. Was the visit conducted within window?



Select



Report of Pregnancy (As Needed)

Screen Fail (As Needed)

