NIPA Reminder/Recall Monthly Reporting Tool

Instructions: Randomly select 10 patients (5 male, 5 female) who were contacted through the reminder-recall system during the [month] and complete the chart audit below for those 10 individuals. We recommend that you select these 10 patients at the beginning of [month], from the reminder-recall list of all patients. Please complete the information whether or not the selected patient scheduled a visit. Please exclude patients for whom gender identity is not available or clearly defined.

[month] patient 1

Please enter your initials: __________________________

Age, in years, at time reminder-recall message sent: __________________________

Gender:  
- Male
- Female

Visit:  
- Yes
- No

Type of dose patient was due for:  
- Series initiation (1st dose) of HPV vaccine
- Series continuation (2nd or 3rd dose)

Number of days between date message sent and date of appointment: __________________________

HPV vaccine dose received at this visit:  
- Dose 1
- Dose 2
- Dose 3
- No vaccine given

Any additional comments/concerns that you would like to convey about this patient? __________________________

[month] patient 2

Please enter your initials: __________________________

Age, in years, at time reminder-recall message sent: __________________________

Gender:  
- Male
- Female

Visit:  
- Yes
- No

Type of dose patient was due for:  
- Series initiation (1st dose) of HPV vaccine
- Series continuation (2nd or 3rd dose)

Number of days between date message sent and date of appointment: __________________________

HPV vaccine dose received at this visit:  
- Dose 1
- Dose 2
- Dose 3
- No vaccine given

Any additional comments/concerns that you would like to convey about this patient? __________________________
[month] patient 3

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:
  ○ Male
  ○ Female

Visit:
  ○ Yes
  ○ No

Type of dose patient was due for:
  ○ Series initiation (1st dose) of HPV vaccine
  ○ Series continuation (2nd or 3rd dose)

Number of days between date message sent and date of appointment:

HPV vaccine dose received at this visit:
  ○ Dose 1
  ○ Dose 2
  ○ Dose 3
  ○ No vaccine given

Any additional comments/concerns that you would like to convey about this patient?

[month] patient 4

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:
  ○ Male
  ○ Female

Visit:
  ○ Yes
  ○ No

Type of dose patient was due for:
  ○ Series initiation (1st dose) of HPV vaccine
  ○ Series continuation (2nd or 3rd dose)

Number of days between date message sent and date of appointment:

HPV vaccine dose received at this visit:
  ○ Dose 1
  ○ Dose 2
  ○ Dose 3
  ○ No vaccine given

Any additional comments/concerns that you would like to convey about this patient?

[month] patient 5

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:
  ○ Male
  ○ Female
[month] patient 6

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:

Visit:

Type of dose patient was due for:

Number of days between date message sent and date of appointment:

HPV vaccine dose received at this visit:

Any additional comments/concerns that you would like to convey about this patient?

[month] patient 7

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:

Visit:

Type of dose patient was due for:

Number of days between date message sent and date of appointment:
<table>
<thead>
<tr>
<th>Patient ID</th>
<th>HPV Vaccine Dose Received</th>
<th>Additional Comments/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Dose 1</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Dose 2</td>
<td></td>
</tr>
</tbody>
</table>

(month) patient 8

Please enter your initials: ________________________
Age, in years, at time reminder-recall message sent: ________________________
Gender:  
- Male  
- Female
Visit:  
- Yes  
- No
Type of dose patient was due for:  
- Series initiation (1st dose) of HPV vaccine  
- Series continuation (2nd or 3rd dose)
Number of days between date message sent and date of appointment: ________________________
HPV vaccine dose received at this visit:  
- Dose 1  
- Dose 2  
- Dose 3  
- No vaccine given
Any additional comments/concerns that you would like to convey about this patient? ________________________

(month) patient 9

Please enter your initials: ________________________
Age, in years, at time reminder-recall message sent: ________________________
Gender:  
- Male  
- Female
Visit:  
- Yes  
- No
Type of dose patient was due for:  
- Series initiation (1st dose) of HPV vaccine  
- Series continuation (2nd or 3rd dose)
Number of days between date message sent and date of appointment: ________________________
HPV vaccine dose received at this visit:  
- Dose 1  
- Dose 2  
- Dose 3  
- No vaccine given
Any additional comments/concerns that you would like to convey about this patient? ________________________
[month] patient 10

Please enter your initials

Age, in years, at time reminder-recall message sent:

Gender:

Visit:

Type of dose patient was due for:

Number of days between date message sent and date of appointment:

HPV vaccine dose received at this visit:

Any additional comments/concerns that you would like to convey about this patient?