**Request for Services**

**Feedback Loop Trial Evaluation**

**June 13st – July 13, 2016**

**For the Golden Medical Clinic**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| #s faxed | CYMH | EKASS | Golden Family Centre | Schools | Aboriginal | Feedback from Community Partners (No Shows) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please record every time a Request for Services is faxed so a total # of faxes is recorded

In addition, please record each location the request is faxed to

**For Community Service Providers (CYMH, EKASS, GFC, Schools, AB School)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faxes Received | Youth contact generated from RfS | Clinic contact for No shows |  |  |
|  |  |  |  |  |

Please record every fax received from the Golden Medical Clinic

Record number of youth contacts generated from physician visit and the Request for Services

Record number times contact back to Golden Medical Clinic was required because of No Shows

**Return completed evaluation form to Nancy Rainey** **nrainey@divisionsbc.ca** **by Friday July 15th**

**Feedback on process/form etc WELCOME**