Healthy Families Oregon
Contact Log

Family Name_____ **DOB**_____ **Baby ID#** _____

Child's Name_____ **DOB**_____ **Due Date:** _____

Date	Contact Type	Notes, Comments	Initials

PC: Phone Call **TX: Text**
MSG: Message Left
APC: Attempted PC (No msg)

HV: Home Visit
AHV: Attempted HV
CHV: Canceled HV

CS: Clinical Supervision
ST: Staffing
M: Information Mailed

O: Other
R: Ref. Received
SR: Screen

HV/Sup/Mgr: _____

_____