



Sacramento Native American Health Center, Inc.
2020 J Street, Sacramento, CA 95811
Phone: 916-341-0575 Fax: 916-341-0574

Home Visitation Department

INITIAL CONTACT FORM

Complete this form at first contact with a potential participant. Fill all available spaces; please do not leave any space empty. Use an 'X,' to fill those spaces that do not have responses. Please stress to the participant that this information is strictly confidential and will not be shared with any other person not affiliated with this project.

Name _____ DOB: __ __/__ __/__ __ __ __

Tribe: _____ MRN: _____

If Pregnant: Week of Pregnancy: __ __ Estimated Due Date __ __/__ __/__ __ __ __

PARTICIPANT'S PRIMARY Home Location: _____

PARTICIPANT'S PRIMARY Phone number: (__ __ __) __ __ __ - __ __ __ __

What is the best time to reach the participant at this location? (Check one):

- Early morning: 7A-9A Morning: 9A-12P Early afternoon: 12P-3P
Late afternoon: 3P-6P Evening: 6P-8P

PARTICIPANT'S PRIMARY Email Address: _____

IF UNDER 18 YEARS OLD: Parent(s)/Guardian(s) of participant: _____

FOR SNAHC STAFF ONLY:

Date of 1st contact for recruitment: __ __/__ __/__ __ __ __

Consent form given to participant? Yes No Ineligible Declined Undecided

Date of 2nd contact for recruitment: __ __/__ __/__ __ __ __

Consented? Yes No Ineligible Declined Undecided

If ineligible, what was the reason? _____

If declined, what was the reason? _____

Staff Initials: __ __ __

Today's Date: __ __/__ __/__ __