

ASC H&I REPORT FORM (PANEL COORDINATORS TO AREA H&I)

DATE: _____

NAME OF FACILITY: _____

NUMBER OF RESIDENTS EACH TIME: _____

NUMBER OF PANEL MEMBERS EACH TIME: _____

PANEL COORDINATOR: _____

CHANGE OF ADDRESS or Contact info for the facility:

PHONE NUMBER: () _____ - _____

PANEL LEADERS: _____

LIST TOPICS AND/OR SPEAKERS: _____

HOW MANY TIMES HAVE YOU BEEN TO THE MEETING? _____

PROBLEMS OR SITUATIONS: _____

WHAT CAN ASC H&I DO TO BETTER SERVE YOU? _____

OTHER IMPORTANT INFORMATION: _____
