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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permanent Change >** |  | | **AMBULATORY CARE LEADERSHIP CLINIC PLANNING WORKSHEET** | | | | | | | | | | | | | | | | **Temporary Change >** | |  |
| **Does request involve changing sites? Use separate form!**  **Delete @ one site and add @ new site. Submit both forms together.** | | | | | | | | | | | | | | | | | | | | | |
| Person Submitting Request > | | | | | |  | | | | | | **PROVIDER>** | | | | | |  | | | |
| Submission Date> | | | | | |  | | | | | | **PROPOSED START DATE >** | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Center/Site or Region >** | | | | | |  | | | | | | **Clinic Type/Department >** | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Add Clinic >** | |  | **Delete Clinic >** | |  | | | **Change Resource Requirements >** | | |  | | | **Move Clinic Day @ Same Site >** | | |  | | **Change Clinic**  **Time >** | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Current Schedule** | **MON** | | | **TUE** | | | | | **WED** | | | | **THU** | | | | **FRI** | | | **Sat** | |
| **AM** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
| **PM** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
| **EVE** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
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| **Proposed Schedule** | **MON** | | | **TUE** | | | | | **WED** | | | | **THU** | | | | **FRI** | | | **SAT** | |
| **AM** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
| **PM** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
| **EVE** |  | | |  | | | | |  | | | |  | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Business case for this change:** | | | | | | | | | | | | | | | | | | | | | |
| **Resources required for this change:** | | | | | | | | | | | | | | | | | | | | | |
| **Staff: (MA/LVN/RN/Tech/registration/medical records/appt. unit/specialty access unit, etc.):** | | | | | | | | | | | | | | | | | | | | | |
| **Space: (specific rooms, # of rooms, etc.):** | | | | | | | | | | | | | | | | | | | | | |
| **Special Equipment:** | | | | | | | | | | | | | | | | | | | | | |
| **Other:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **If new schedule has other than standard start/end times (ie 8-12, 1-5, 5:30-9:00 pm), provide justification:** | | | | | | | | | | | | | | | | | | | | | |
| **Either the same template or existing standard templates will be used for this change unless otherwise specified below:** | | | | | | | | | | | | | | | | | | | | | |
| **APPROVAL - Once approved by Ambulatory Care Medical Director**  **route to CSM & Appointment Unit** | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Date Received:** | | | | **Initials:** | | | **Date Approved:** | | | | | **Initials:** | **Date Denied:** | | | | **Initials:** | |
| **Ambulatory Care Medical Director** | | |  | | | |  | | |  | | | | |  |  | | | |  | |
| **Charge Nurse/**  **CSM** | | |  | | | |  | | |  | | | | |  | **And Reason** | | | |  | |
| **Date to Appt Unit (Anita Martinez) >** | | | | | | |  | | | Date completed> | | | | |  | Initials > | | | |  | |
| A407 Revised DEC 2011x2 | | | | | | | | | | | | | | | | | | | | | |