

Practice Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Describe Patient</b> (gender, approx. age, shoes, hair, etc.)													
<b>Provider Name</b>													
<b>Appointment Time</b> (9:15, 2:30, etc.)													
<b>Patient Arrival Time</b> (Actual Time)													
<b>Scheduled Time</b> (15, 30, 40 mins)													
	<b>In</b>	<b>Out</b>	<b>Total Time</b>	<b>In</b>	<b>Out</b>	<b>Total Time</b>	<b>In</b>	<b>Out</b>	<b>Total Time</b>	<b>In</b>	<b>Out</b>	<b>Total Time</b>	
<b>Registration Time</b>													
<b>Waiting Room Time</b>													
<b>Clinical Check-In</b> (Pt. with Nursing Staff)													
<b>Exam Room Time</b> (Pt. alone in the exam room)													
<b>Provider Time 1</b>													
<b>Waiting for provider to return 1</b>													
<b>Provider Time 2</b>													
<b>Waiting for provider to return 2</b>													
<b>Provider Time 3</b>													
<b>Waiting for provider to return 3</b>													
<b>Check-out Time</b>													
<b>Comments</b>													