

COMMUNITY RESOURCE DATA FORM

The purpose of this tool is to provide a structured approach to collecting information about services in your community that might benefit your patients. You might copy this form and use a different one for each community resource on which you collect data. It might make sense to file all the forms you complete in a three-ring binder. You can also use the fields on this form to create a computerized database to store information.

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|---|--|
| Date Form Completed/ Updated | |
| Name of Organization | |
| Purpose of the program or service | |
| Contact person Address Phone Fax E-mail Web site | |
| Program hours | |
| Target population | |
| Eligibility Criteria | |
| How to make a referral | |
| How to track a referral | |
| Fees | |
| Additional Comments | |