

COMPREHENSIVE RISK COUNSELING & SERVICES

**Sample Client Contact Tracking Template**

Client Name: \_\_\_\_\_ Client ID \_\_\_\_\_

Date	Time	Counselor	Contact Method	Contact Outcome	Contact Message/Notes
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Outreach <input type="checkbox"/> Other	<input type="checkbox"/> Reached <input type="checkbox"/> Did not Reach	