Referral Tracking Database

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Enter the following information for each NEW patient that enters your clinic. See the INSTRUCTIONS tab for more details about using this spreadsheet.

Physician Information

Patient Information

Physician Name	Release Your Pain book Sent (YES/NO)	Street	City	State /Province	Country	Postal Code/Zip	Patient Name	Referred to Clinic (DATE)	Release Your Pain book Sent to Physician	Examination Summary Sent to Physician (DATE)	Patient's Complimentary Book (YES/NO)	Patient's Resolution Letter (DATE)	Treatment Completion -Sent to Physician (DATE)	Type of Referral (D=Doctor, I=Internet, P = Personal)
Dr. NAME1	YES	Enter Physician Address	City Name	State	Country	555984	Patient 1	04/02/04	Y	04/02/04	YES	04/28/04	04/28/04	P
							Patient 2	04/12/04		04/13/04	NO	04/27/04	04/29/04	D
							Patient 3	04/12/04		04/12/04	YES	04/29/04	04/30/04	D
Dr. NAME2	YES	Enter Physician Address	City Name	State	Country	555984	Patient 11	04/02/04	Y	04/02/04	YES	04/28/04	04/28/04	P
							Patient 21	04/12/04		04/13/04	NO	04/27/04	04/29/04	D
							Patient 32	04/12/04		04/12/04	YES	04/29/04	04/30/04	D