

Lancashire and South Cumbria ODN Clinical Van Proforma

Date/ time of clinic

Duration of clinic

Personnel and contact details

Name

Telephone Number

ODN staff (1)

ODN staff (2)

Van driver

Local SMS staff member

Hep C Trust staff

Lead coordinator on the day

Area to be covered

Meeting Point

Homeless /hostel location AM

Homeless /hostel worked up by

Homeless / hostel clients if known

Name /DOB/ Identifiers

Contact details

Route order

Local SMS clients PM

Time

Name / DOB / Identifiers

Contact details

Route order