Ready to Engage Checklist



Practice Name: Practice Phone Number:	IOWA Department of PUBLIC HEALTH
Practice Fax Number: Hours of Operation:	
Preparation & Planning Steps	
☐ Visit the Health Care Website for the Practice (If no website exists rely on historical information and/or collect updated information to note:	rmation directly from points of contact/internal staff)
☐ Review 1 st Five Referral Reports to gather information about refer 1 st Five Data Management System (1st Five Referrals Data Report Data Report > Referrals by Organization)	•
Information to note: ☐ Develop understanding of previous history with 1 st Five screening a Information to note:	and referral patterns
☐ Categorize the practice using the Levels of Engagement One-Page Level of Engagement is:	er
☐ Consider strategies for advancing to the next level of engagement Are there opportunities to consider a peer-to-peer consultation?	t using the Leveraging Language.
☐ Strategies considered for advancing the partnership to the next lead (Include activity details & a timeline for each step)	<u>evel</u>

☐ If possible, identify the practice point of contact you will be engaging Information to Note (email & contact information):

