CLINIC PROGRESS REVIEW

CLINIC:		**MONTH:**	
OPERATIONAL:		**AYFS CLINIC CHAMPION:**	

Introduction: We are contacting you to see how your clinic is getting on with your AYFS action plans. Together, we agreed for you to work on:-

REFER TO CURRENT ACTION PLAN TO IDENTIFY PRIORITY AREAS		
DATE	**PERSON SPOKEN WITH/ACHIEVEMENTS/CHALLENGES/OUTCOMES ETC**	**SIGNATURE**

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