

NOSC/HTC FOLDER COVER SHEET

CONTACTS	PURPOSE OF VISITS/BRIEFS/ACTIVITIES	
Unit Name	Nearest Hospital	Chaplain
	Telephone Number	Telephone Number
Unit Address	Notes about Staff (e.g., recent changes, helpful)	Notes about Location: (e.g., easy to find, lodge, best hotel)
Primary POC: <input type="checkbox"/> CO/XO/CMC <input type="checkbox"/> Corpsman <input type="checkbox"/> FRO/Ombudsman <input type="checkbox"/> I & I Personnel <input type="checkbox"/> Other _____	Visit Date: <input type="checkbox"/> Brief Title _____ <input type="checkbox"/> Med St/Dwn <input type="checkbox"/> Family Day <input type="checkbox"/> Liaison <input type="checkbox"/> Pre-Deploy <input type="checkbox"/> Post-Deploy <input type="checkbox"/> Clt. F/Up <input type="checkbox"/> Other _____	Visit Date: <input type="checkbox"/> Brief Title _____ <input type="checkbox"/> Med St/Dwn <input type="checkbox"/> Family Day <input type="checkbox"/> Liaison <input type="checkbox"/> Pre-Deploy <input type="checkbox"/> Post-Deploy <input type="checkbox"/> Clt. F/Up <input type="checkbox"/> Other _____
Home Telephone _____	Number of SM Attendees: _____	Number of SM Attendees: _____
E-mail _____	Number of Family Attendees: _____	Number of Family Attendees: _____
Alternate Telephone/Cell _____		
Duty Telephone _____		
Unit CO F/T Support:	Number of BHS completed:	Number of BHS completed:
Reserve CO:	Number of Referrals Obtained:	Number of Referrals Obtained:
Other Medical Staff:	Number of Face-to-Face Contacts:	Number of Face-to-Face Contacts:
Other F/T Unit Staff:	Number of Client Follow-ups During Visit:	Number of Client Follow-ups During Visit:
Other Reserve Staff:	Number of SM's Referred Back to LOC/OC:	Number of SM's Referred Back to LOC/OC: