

PH DOC 04 - Assistance Capacity Report for Clinics

Use Adobe Acrobat with this form. Other programs may not save data or support the Email Now function.

FACILITY NAME (please complete one form for each clinic site): _____

CONTACT PERSON: _____ PHONE: (____) _____ FAX: (____) _____

BACK-UP CONTACT: _____ PHONE: (____) _____ FAX: (____) _____

FACILITY STREET ADDRESS: _____

FACILITY CITY: _____ FACILITY ZIP CODE _____

(REPORT AS OF) DATE: _____ TIME: _____ FIRST REPORT or CHANGE IN STATUS

Santa Cruz County is experiencing an emergency event. To relieve hospital surge:

1) If needed, is your facility willing and able to see patients not usually served by your clinic? YES NO
 If yes, can you take patients within the next two hours? YES NO
 If yes, how many patients can you take?
 If not, what is the earliest date and time you can begin to see patients not usually served by your clinic?

2) Are you willing to extend your normal clinic hours for this emergency? YES NO
 If yes:

- a) What is the earliest date and time you can begin extended hours?

- b) Please clearly print your normal hours. If applicable, please ALSO print the extended hours you can offer.

NORMAL CLINIC HOURS		EXTENDED CLINIC HOURS	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	

3) Can we publicize your facility's willingness to see patients not usually served? YES NO
 4) Outside of routine healthcare services, please indicate the care and services your clinic **is able to offer**:

Prenatal Care:	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Basic first aid
<input type="checkbox"/> First Trimester	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Major suturing
<input type="checkbox"/> Second Trimester	<input type="checkbox"/> Emergency dental	<input type="checkbox"/> X-ray
<input type="checkbox"/> Third Trimester	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Pharmacy

5) IN ORDER TO PROVIDE ASSISTANCE FOR THIS EVENT, does your facility need resources from Santa Cruz County (e.g., personnel or supplies)? If yes, please complete and submit a Resource Request Form (PH DOC 02 or 03), which can be found on the Hospital Preparedness Program (HPP) [webpage](#).

Whenever your status changes, please send an update of this report to the Santa Cruz County DOC immediately.

Instructions: During a DOC Activation, press the Email Now button or e-mail this form to hsadoc@santacruzcounty.us, or fax to 831.454.5068. If you would like to contact someone by phone, dial 831.454.4444