

## RHP 4 | Coastal Bend Region

### Improve Patient Engagement and Responsibility | Quarterly Report Form

*Reporting Period:*

Contact Information	
<b>Provider Organization:</b>	
<b>Primary Contact:</b>	<b>Email:</b>
Goals	
<b>Goal(s):</b> <ul style="list-style-type: none"><li>•</li></ul>	
Plan	
<b>Plan for Implementation and Achievement:</b> <ul style="list-style-type: none"><li>•</li></ul>	
Do	
<b>Actions Taken:</b> <ul style="list-style-type: none"><li>•</li></ul>	
Study	
<b>Review and Evaluate:</b> <ul style="list-style-type: none"><li>• <i>Progress Towards Goal(s):</i><ul style="list-style-type: none"><li>○</li></ul></li><li>• <i>Challenges:</i><ul style="list-style-type: none"><li>○</li></ul></li></ul>	
Act	
<b>Next Steps:</b>	
Collaborate	
<b>Share Successes and/or Request Assistance</b> <ul style="list-style-type: none"><li>•</li></ul>	