|  |  |
| --- | --- |
| **Summary** | |
| **Tracking List of Patients impacted by *[name the natural disaster]*** | |
|  |  |
| **Category** | **Totals** |
| **Patients With Mayor Losses** |  |
| **Patients With NO Mayor Losses** |  |
| **Undetermined Losses** |  |
| **Total Patient Referred** |  |
|  |  |
|  |  |
|  |  |
| **Patients referred to Homeless Program** |  |