

Follow-up Call Tracking Sheet

Call # _____ **Patient Name:** _____

Scheduled Date: _____ Actual Date: _____

Minutes: _____

Topics Discussed:

- Any visit to the doctor or hospital since last call (specifically person caring for heart (internist or cardiologist))
 - Name of Doctor and/or Hospital:
 - Date:
 - Reason
 - Change in Target Weight: _____ WPG Sent ____
 - Change in water pill (type or dose):

- Weight out of green zone since last call? _____
- Program Adherence
- Daily Check-up Knowledge module Daily Check-up – When to Call
- Medication module
- Salt module Salt - diet recall
- Exercise module

Topic Goals Mastered: (correct answer on 2 different attempts)

- Daily Check-up knowledge Salt
- Medication Exercise

F/U items for this call:

Barriers identified:

Personal Goals achieved:

Goals set:

Other Comments:

F/U items:

Daily Water Pill Plan return reminder? WPP rec'd since last call: _____

Next call - date & time: _____