

# PATIENT CALL LOG



Doctor/Physician:

Patient Name:

Date:

Time:

Age:

Medical record #:

Previous diagnosis:

Description of telephone conversation:

Objections of the patient regarding care or case management:

Non-compliances observed :

Advice given to the patient:

Follow-up appointment at the doctor's office scheduled?:

- ☐ YES  
☐ NO



Date:

Time: