## Phone Follow-up Form

### Patient Information:

<table>
<thead>
<tr>
<th>Name: Last, First</th>
<th>Date of Birth</th>
<th>SJGH MRN</th>
</tr>
</thead>
</table>

1. Was the visit beneficial for you to better understand your disease and what steps you need to do to take care of yourself? 1=not beneficial, 10= Very Beneficial.

2. Do you know what food to eat since the visit? Y/N Unknown

3. Are you able to follow recommendations for food and diet? Y/ N Unknown

4. Have you kept a weight log since the last visit? Y/N
   a. If not, why:
   b. Does patient have a scale? Y/N

5. Have you kept your appointments with your PCP or Specialist since the home visit? Y/N

6. Do you understand how to take your medications? Y/N
   a. If patient has a pill box, are they using it? Y/N

7. Do you use the stop-light tool that was given to you during your home visit? Y/N
   a. If not, why:

□ Additional comments if needed:

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### Urgent contact warning made?

To whom: ____________________________________________

Name ____________________________ Date ____________________________ Via ____________________________

Report By:

_________________________ ____________________________
Print Name Signature Date

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Follow-up Report AMR, HPSJ, SJGH
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