## Phone Follow-up Form

Patien	t Information:			
Name: Last, First			Date of Birth	SJGH MRN
1.			tter understand your disea =not beneficial, 10= Very	
2	Do vou know	- what food to eat since t	the visit? Y/N Unknown	
3.	•			
4.	<ul> <li>Have you kept a weight log since the last visit? Y/N</li> <li>a. If not, why:</li> </ul>			
~	1	atient have a scale? Y/		· (1 1 · · · (0 X7/N)
5. 6	Do you unders	stand how to take your	in your PCP or Specialist medications? V/N	since the home visit? Y/N
0.		ent has a pill box, are th		
7.	<ul> <li>Do you use the stop-light tool that was given to you during your home visit? Y/N</li> <li>a. If not, why?</li> </ul>			
		nments if needed:		
Jrgen	t contact warnir	ig made?		
To wh	iom:			
		Name	Date	Via
Repor	t By:			
	rint Name		gnature	Date