CALL FROM MY CARE TEAM

Phone Call Notes — One Call Per Sheet

FILE UNDER (DOCTOR / CLINIC NAME):			
Date:		**Time:**	
Who Called:		**Role:**	☐ Doctor ☐ Nurse ☐ Pharmacist ☐ Other: _____
Clinic / Office:		**Callback #:**	
Reason for Call:			
Key Information Given:			
Appointment Set:			
Date:		**Time:**	
Where / How:			
Instructions / What I Need to Do:			
Follow-Up Needed:	☐ Yes ☐ No	**By When:**	
Questions for Next Time:			