ACTION PLAN FOLLOW UP CALL

Patient:_____ Date: / /

Caller:_____

QUESTIONS:

1. Do you remember the Action Plan you made? Y/N
2. Were you able to carry out your Action Plan? Y/N
3. Did you run in to any problems or barriers Y/N

   in carrying out your Action Plan?

   If so, what?_____

   _____

4. Do you want to change your Action Plan? Y/N

   If so, what changes? _____

   _____

1. Discussion of the action plan, and suggestions for improvement: at bottom of plan add lines for next appt. time, phone # and best time to call, possibly line asking preferred method of follow-up contact, i.e. phone, e-mail, or letter.