

Hospital Name

Call Log

Participant Name: _____

Check any appropriate (list any details below)	1 st call	2 nd call	3 rd call
Date of call			
Volunteer name			
With whom did you speak to?			
Reported current health status			
Any issues with your medications?			
Have you been to a follow up appointment with your doctor?			
Any new fatigue or depression signs?			
Any new mood swings?			
Any new memory deficits?			
Any other new deficits?			
Have you been going to all therapy sessions?			
Are you having any issues with transportation?			
Can you name 1 or more signs or symptoms of a stroke?			

Any resources provided:

Call details: