

Patients on Programs – Daily Follow Up Time Log: Date: M T W H _____ Page ____ of ____

Time Started	Time Finished	Total Time	Name of Patient (Make a PERSONAL PHONE CONTACT each week in between visits)	Personal Contact	Left Message	No Answer or Busy	Next Date Follow Up	Transferred To Tickler
Total Time:			Total Number of Patients Personally Spoke With Today:					

Total # Patients Currently on Programs	# Personally Contacted This Week So Far	# Left to Contact	# Days Left to Call

Signed: _____