

Patients on Programs – Patient Follow Up Sheet

Page _____ of _____

Patient Name: _____ Program Type: _____

Date Purchased: _____ Anticipated/Actual Start Date: _____ Anticipated/Actual End Date: _____

Date Explained Hawthorne Effect & Purpose of Weekly Calls to Patient: _____ Best Time to Call: _____

Best Date to Call: _____ Best Numbers to Call : Home Phone # _____

Cell Phone # _____ Work Phone # (OK to call at wk? Y/N) _____

Special Reminders: _____

Date	Tracking Calories? Writing in Binder? Drinking Water? Emotional Eating? SMT? Taking Supplements? Exercising: Type, Minutes, When? Visualization? Sleep: When & Hours? Eating Every 2 to 3 Hours? <u>Commitment Level 1 - 10?</u>	Red Flags?	Date Review w/ Doc	Next follow up date	Transfer to Tickler