24-HOUR CALL LOG

GENERAL CALL INFORMATION	TOPIC/REASON FOR CALL	INTERVENTION/ VISIT NEEDED	OUTCOME
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	
Call Received: Time ______ Date ___/___/___ Received By: ______ Caller Name: ______ Patient Name: ______		❑ Yes ❑ No Referred To: ______ Care Coordination Note Written: ❑ Yes ❑ No	

SIGNATURE(S) AND TITLE(S) OF PERSON(S) RECEIVING CALLS	

