Nurses follow-up call form

Clinic Name:

Patient’s Name:       Date of call:   /    /    

Name of person making call:

Medication name:

1. Has the woman gotten her medication prescription filled?  
   Yes ☐  No ☐  —any problems doing so?

2. Has she started taking the medication?  
   Yes ☐  No ☐  —reasons

3. Any medication side effects or concerns she has?  
   None ☐  Concerned about

4. If she was referred for counseling or treatment—has she been to a visit recently, and when is the next appointment scheduled?  
   Yes, made visit  
   Yes, next visit  
   Has not made visit or appointment —reasons

5. Has the woman been able to do any of the things she agreed to do on the Depression Self-Care Action Plan?  
   Yes, what (praise and ask if ready for next step)  
   —If so, what will she do?  
   No —reasons or needs help

6. Is her follow-up visit scheduled?  
   Yes, when  
   No. Can you schedule it now or problems?

7. Does she have any questions for the doctor?

Reviewed by physician (clinician)    Date   /    /    /