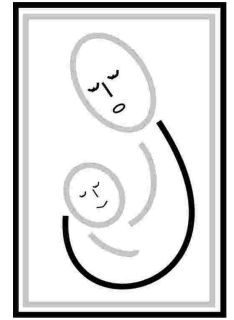


# Nurses follow-up call form



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**     /     /