



Study ID# \_\_\_\_\_

Conversation (check one):

2 WEEKS POST-DISCHARGE PHONE CALL

SUBSEQUENT PHONE CALL (*only if requested by patient*)

Length of call: \_\_\_\_\_ minutes

What did you go over?

- Did they receive the Get-Well Card?                      Yes                      No
- Refresher on cardiac rehab (*if they forgot about cardiac rehab*)
- Did they get referred?    Yes                      No
  - If no, encourage them to speak with doctor about referral
    - Do they want a referral form mailed?                      Yes                      No
- Are they joining the cardiac rehab program? Yes                      No
  - If no, discuss what their barriers may be.

Subsequent Scheduled Follow-up Phone Call Date and Time (*if requested*):

\_\_\_\_\_

Narrative Summary (particularly regarding any barriers):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Peer Mentor Name (printed): \_\_\_\_\_

Peer Mentor Signature: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_