CAREGIVER COMMUNICATION LOG
(CHRONOLOGICAL)

(Record all contact with providers, agencies, and services.)

Entry #1

Date of Contact: ____ / ____ / 20____

Time of Contact: _____AM / PM

Who Was Contacted (Name/Department):

_____

_____

Contact Initiated By:
☐ Caregiver
☐ Provider/Agency
☐ Automated/System Message

Method of Contact (Check One):
☐ Phone Call ☐ Voicemail ☐ Email ☐ Patient Portal ☐ In Person ☐ Other: _____

_____

_____

Reference / Case / Ticket # (if given): _____

Reason for Contact:
(What you needed, not how you felt)

_____

_____

_____

_____

_____

_____

_____
_____

Urgency Level at Time of Contact:
☐ Routine
☐ Time-Sensitive
☐ Safety-Related
☐ Urgent (Same-Day Needed)

What They Said / Promised (Use Exact Words if Possible):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Response Timeframe Given (if any): _____

Outcome:
☐ Completed / Followed Through
☐ Delayed
☐ No Response

Follow-Up Needed (If Any):
☐ Request records
☐ Schedule appointment
☐ Safety concern
☐ Medication issue
☐ Referral needed

☐ Other: _____

Who Is Responsible for the Next Step?

☐ Caregiver
☐ Provider/Agency

☐ Shared / Awaiting Response
☐ Other: _____

If they did not respond, mark "No Response." Silence is evidence.

Entry #2

Date of Contact: ____ / ____ / 20____

Who Was Contacted (Name/Department):

_____

_____

Method of Contact (Check One):
☐ Phone Call ☐ Voicemail ☐ Email ☐ Patient Portal ☐ In Person ☐ Other: _____

Reason for Contact (Objective):

_____

_____

_____

_____

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_____

_____

_____

_____

_____

What They Said / Promised (Use Exact Words if Possible):

_____

_____

_____

_____

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_____

_____

_____

_____

_____

Response Timeframe Given (if any): _____

Outcome:
☐ Completed / Followed Through
☐ Delayed
☐ No Response

Follow-Up Needed (If Any):
☐ Request records
☐ Schedule appointment
☐ Safety concern
☐ Medication issue
☐ Referral needed
☐ Other: _____

If they did not respond, mark "No Response." Silence is evidence.

_____

Follow-Up Notes (Use ONLY to Document Action or Inaction)

(Do not write emotions — only what happened or did not happen.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Record dates of responses or continued silence.