



NDP MAS Nurse Call Log (Optional)

(To be completed by the MAS))

FACILITY

DATE OF CALL	TIME OF CALL	Agency/ Program Name	NAME OF PERSON <hr/> NAME OF MAC Worker	PROBLEM	INTERVENTION (INSTRUCTIONS/ ORDERS GIVEN)	FOLLOW-UP <hr/> Date <hr/> Time	EVALUATION/ OUTCOME (Effectiveness)
	AM					D	
	PM		MAC			T	
	PM					D	
	AM		MAC			T	
	AM					D	
	PM		MAC			T	
	PM					D	
	AM		MAC			T	
	AM					D	
	PM		MAC			T	

MAS NURSE SIGNATURE _____ RN/LPN Date _____

MAS NURSE SIGNATURE _____ RN/LPN Date _____

1. Original copy to agency file
2. Maintain copy for MAS Nurse files