

	Name	Client Phone Number	Call Date/Time	Able To Connect	Action Taken	Notes (If Needed)
1				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
2				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
3				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
4				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
5				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
6				☐ Yes ☐ No	☐ Call Completed☐ Left Voicemail☐ Need To Call Back Later☐	
7				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
8				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
9				☐ Yes ☐ No	☐ Call Completed ☐ Left Voicemail ☐ Need To Call Back Later	
10				☐ Yes ☐ No	☐ Call Completed☐ Left Voicemail☐ Need To Call Back Later	