

This product was developed by the St. Peter Family Medicine Residency Program in Olympia, WA. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

SMG RECALL

Pt Name: _____
DOB: _____ Diagnosis: _____
Provider: _____ Phone: _____

SELF-MANAGEMENT GOAL

What: _____
How Much: _____
When: _____
How Often: _____
Score: _____
2 Week Call Back: _____ Return Date: _____

First Notice

Second Notice

SMG RECALL

Pt name: _____
DOB: _____ Diagnosis: _____
Provider: _____ Phone: _____

SELF-MANAGEMENT GOAL

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How Much: _____
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First Notice

Second Notice

SMG RECALL

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SMG RECALL

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First Notice

Second Notice