

## NAMI Fox Valley CONTACT LOG

Date of Contact \_\_\_\_\_ Your Name \_\_\_\_\_  
Contacted via: \_\_Phone \_\_Visit \_\_Letter \_\_Email  
Name \_\_\_\_\_ Male or Female  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Type of Caller: \_\_Consumer \_\_Family \_\_Friend  
\_\_Professional \_\_Student

Special Population: \_\_Clergy \_\_Criminal Justice \_\_Child/Teen  
\_\_Veterans \_\_Older Adult \_\_Specific Cultural Com

Reason for Call: \_\_Community Resources \_\_NAMI Resources  
\_\_General Emotional Support \_\_Crisis Situation \_\_Other

First Contact: \_\_Yes \_\_No

### Follow-up needed:

Will have \_\_\_\_\_ contact to give more info about \_\_\_\_\_  
\_\_\_\_Add to mailing list for newsletter: \_\_PAPER \_\_ELECTRONIC  
\_\_\_\_ Wants to volunteer; please send volunteer application.  
\_\_\_\_ Send Packet of Info on the following: \_\_\_\_\_  
\_\_\_\_Add to Class Roster (Please Indicate Class Start Date)  
\_\_\_\_F2F \_\_P2P \_\_MICA \_\_CIP \_\_Be Well \_\_REAP

### Time Spent

Initial Call \_\_\_\_\_  
Follow Up \_\_\_\_\_  
Total \_\_\_\_\_

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