ND RYAN WHITE CASE MANAGER'S RECORD OF CONTACTS ON MEDICATION ADHERENCE
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 60077 (11-2013)

Month 2 With No Prescription Refill **Phone Contact**

Name	ND Ryan White Client Number
Date of Contact	
Did the client respond? If yes, please provide a description of the conversation below.	

Month 4 With No Prescription Refill **Contact by Mail and/or Phone**

Date of Contact
Did the client respond? If yes, please provide a description of the conversation below.

Month 6 With No Prescription Refill **Send Certified Letter**

Date of Contact
Did the client respond? If yes, please provide a description of the conversation below.

If the client did not respond to phone call(s) or a certified letter, please contact the ND Ryan White Program Part B Coordinator for further instruction.