|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TELEPHONE CONSULTATION FORMCODE: [Choose code] [ ] DOCTOR ONLY | [ ] NURSE

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | TIME | [date | time] | Call category | [Choose category] |
| PATIENT | [Patient Name] | Caller | [Caller Name] |
| phone 1 | [phone 1] | phone 2 | [phone 2] |

Temp [Temp] [ ] Test results [date | time] [ ] Progress [Seen]ASSESSMENTS [Assessments]PRESENTING PROBLEMS [Presenting problems] | INITIAL [Initial]PLAN [Plan]ALLERGIES [Allergies]PHARMACY [Pharmacy] | INITIAL [Initial]Date [date | time] [ ] problem [Problem] |

 |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TELEPHONE CONSULTATION FORMCODE: [Choose code] [ ] DOCTOR ONLY | [ ] NURSE

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | TIME | [date | time] | Call category | [Choose category] |
| PATIENT | [Patient Name] | Caller | [Caller Name] |
| phone 1 | [phone 1] | phone 2 | [phone 2] |

Temp [Temp] [ ] Test results [date | time] [ ] Progress [Seen]ASSESSMENTS [Assessments]PRESENTING PROBLEMS [Presenting problems] | INITIAL [Initial]PLAN [Plan]ALLERGIES [Allergies]PHARMACY [Pharmacy] | INITIAL [Initial]Date [date | time] [ ] problem [Problem] |

 |
|  |

 |