

Telephone Triage/Message Form [Sample]

Message taken by:			
Date	Time	Patient Name	
Problem/Patient Complaint:		Current Medications	
Caller's name if not patient:		Other Medical Problems	
Relationship to patient:		Allergies	
Phone #		Patient's Age	Weight
Work Phone #		Pregnant?	Primary Care Physician
Cell Phone #		From ____ am/pm To ____ am/pm	
Patient can be reached <input type="checkbox"/> at home <input type="checkbox"/> on cell <input type="checkbox"/> at work			
Problem/Patient Complaint (cont. if necessary):			
Medication refill (circle)		Medication	
Pharmacy Name		Phone #	

Follow up:

- ER referral
- Appointment made for _____ at _____
- Physician to call. Physician called on _____ at _____.
- Pharmacy called. Refill ready at _____.
- Home health referral
- Specialist referral
- Communication with patient:

Treatment Plan:

Clinical Advice Given to Patient:

- Patient Verbalizes Understanding of Treatment Plan and/or Clinical Advice Given.

Comment:

- Patient Understands to Call Back if Symptoms Worsen or to Call the ER if the Office Is Closed.

Comment:

Call returned by	Date/Time	Provider consulted <input type="checkbox"/> Yes <input type="checkbox"/> No Provider signature: Date/Time
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