Telephone Triage/Message Form [Sample]

retephone Triage/Nie	ssage 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 #		Fromam/pm Toam/pm					
Patient can be reached							
at home on cell 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	auy at						
Specialist referral							
Communication with patient Treatment Plan:	ent:						
Treatment Plan: Clinical Advice Given to Patient:							
Patient Verbalizes Understanding of Trea tment Plan and/or Clinical Advise 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/Tim	ie	Provider consulted Yes No			
				Provider signature:			
				Date/Time			

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Patient can be reached			Fromam/pm To am/pm				
at home on cell at work							
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Physician to call. Physician called on at							
Pharmacy called. Refill ready at Home health referral							
Specialist referral							
☐ Communication with pati	ent:						
Treatment Plan:							
Clinical Advice Given to Patient:							
Designs Verballing Hadamstanding of Tree square Diagrams 1/2 CV							
Patient Verbalizes Understanding of Trea tment Plan and/or Clinical Advise Given. Comment:							
Сопшен.							
☐ Patient Understands to Call Back if Symptoms Worsen or to Call the ER if the Office Is Closed.							
Comment:							
Call returned by		Date/Tim	ne	Provider consulted Yes No			
				Provider signature:			
				Posts /Times			