Telephone Triage/Message Form [Sample]

Telephone Triage/1/10	ssage Form [Sumple			
Message taken by:					
Date	Time	Pa	Patient Name		
Problem/Patient Complaint:		Cı	Current Medications		
Caller's name if not patient:		0	Other Medical Problems		
Relationship to patient:		Al	Allergies		
Phone #		Pa	ntient's Age	Weight	
Work Phone #		Pr	egnant?	Primary Care Physician	
Cell Phone #		Fr	Fromam/pm Toam/pm		
Patient can be reached					
at home on cell	at work				
Problem/Patient Complaint ((cont. if necessary):				
Medication refill (circle)		Me	Medication		
Pharmacy Name		Ph	Phone #		
Follow up:					
ER referral					
Appointment made for	at				
Physician to call. Physicia					
Pharmacy called. Refill re			·		
Home health referral		,			
Specialist referral	lamt.				
Communication with pati	ent:				
Clinical Advice Given to I	Patient:				
☐ Patient Verbalizes Und Comment:	erstanding of Trea	tment Plan an	d/or Clinical Ac	Ivise Given.	
☐ Patient Understands to Comment:	Call Back if Symp	toms Worsen o	r to Call the El	R if the Office Is Closed.	
Call returned by		Date/Ti		Provider consulted V V	
Call returned by		Date/Time		Provider consulted Yes No Provider signature:	
				Date/Time	

Telephone Triage/Message Form [Sample]							
Message taken by:							
D. /			.				
Date	rate Time		Patient Name				
Problem/Patient Complaint:			Current Medications				
Callan's name if not nations.			Other Medical Problems				
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 work						
Problem/Patient Complaint (cont. if necessary):						
Medication refill (circle)			Medication				
Pharmacy Name			Phone #				
Follow up:							
ER referral							
Appointment made forat							
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 P	atient:						
$\hfill \square$ 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	e	Provider consulted Yes No			
ona recurred by		Date IIII	•	Provider signature:			
				Date/Time			