

EMERGENCY DEPARTMENT TELEPHONE FOLLOW-UP

M.D. / R.N. INITATING ACTION	DATE:
TREATING E.D. M.D.	DATE OF TREATMENT:

REASONS FOR TELEPHONE CALL:

- POSITIVE X-RAY REPORT _____
- POSITIVE CULTURE REPORT _____
- CHECK ON PATIENT STATUS _____
- OTHER (SPECIFY): _____

FINDINGS:

ACTION:

- APPROPRIATE CARE IN E.D. M.D. CALL BACK NECESSARY
- ATTEMPTED TELEPHONE CONTACT

PHONE NO.	DATE	TIME	NAME OF PERSON CONTACTED	INITIAL
1. _____				
2. _____				
3. _____				
4. _____				

PLAN:

- RETURN TO E.D.
 - F/U WITH P.M.D. DR. _____ WHEN _____
 - PMDS OFFICE NOTIFIED NAME _____ DATE _____
 - OTHER _____
- _____
- _____

UNABLE TO CONTACT PATIENT VIA TELEPHONE WITHIN 24 - 48 HRS.

- MAILGRAM SENT DATE: _____
- RECEIPT RECEIVED DATE: _____
- PATIENT CONTACTED ED REGARDING CONTENTS OF LETTER DATE: _____ TIME _____ PERSON RECEIVING CALL _____
- NO RESPONSE 48 HRS. DATE: _____ TIME _____ SIGNATURE _____