# EMERGENCY DEPARTMENT
## TELEPHONE FOLLOW-UP

<table>
<thead>
<tr>
<th>M.D. / R.N. INITIATING ACTION</th>
<th>DATE:</th>
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</thead>
<tbody>
<tr>
<td>TREATING E.D. M.D.</td>
<td>DATE OF TREATMENT:</td>
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**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

<table>
<thead>
<tr>
<th>PHONE NO.</th>
<th>DATE</th>
<th>TIME</th>
<th>NAME OF PERSON CONTACTED</th>
<th>INITIAL</th>
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<td>1.</td>
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**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 __________________________

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2004 LOG PART 1 - MEDICAL RECORDS PART 2 - E.D. COPY PART 3 - P.M.D. COPY