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| |  |  |  | | --- | --- | --- | | Telephone Consultation Form | B J N S ES O | Doctor OnlyNurse | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date |  | Time |  |  | Call BackUrgent |  | Returning Your CallPersonal | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Patient Name |  | | |  |  | | --- | --- | | Caller |  | | | |  |  | | --- | --- | | Home | (         ) | | Work | (         ) | | |  |  |  | | --- | --- | --- | |  |  |  | | Assessments | Temp |  | | | |  |  |  | | --- | --- | --- | |  | Test Results | Date | |  | | |  |  |  | | --- | --- | --- | |  | Progress | Seen | |  | | Presenting Problems |  | |  |  | |  |  | |  | Plan | |  |  | |  |  | |  |  | |  |  | |  | Allergies | |  |  | |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Initial | Pharmacy | Initial | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date |  |  | Problem |  |  | |
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| |  |  |  | | --- | --- | --- | | Telephone Consultation Form | B J N S ES O | Doctor OnlyNurse | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Date |  | Time |  |  | Call BackUrgent |  | Returning Your CallPersonal | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Patient Name |  | | |  |  | | --- | --- | | Caller |  | | | |  |  | | --- | --- | | Home | (         ) | | Work | (         ) | | |  |  |  | | --- | --- | --- | |  |  |  | | Assessments | Temp |  | | | |  |  |  | | --- | --- | --- | |  | Test Results | Date | |  | | |  |  |  | | --- | --- | --- | |  | Progress | Seen | |  | | Presenting Problems |  | |  |  | |  |  | |  | Plan | |  |  | |  |  | |  |  | |  |  | |  | Allergies | |  |  | |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Initial | Pharmacy | Initial | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date |  |  | Problem |  |  | |