



## TELEPHONE MANAGEMENT

Patient Name: _____	Medical Record Number: _____
Birth Date: _____	M.D.: _____

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Who Called: \_\_\_\_\_

About Whom: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

Problem: \_\_\_\_\_

Pertinent Information: \_\_\_\_\_

Medications: \_\_\_\_\_

Assessment: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Plans for Follow-Up: \_\_\_\_\_

Signature: \_\_\_\_\_

Consulted With: \_\_\_\_\_