

TELEPHONE CONTACT RECORD

Patient name _____

Date of call _____ Time of call _____

Received by _____

Phone number (1) _____ Phone number (2) _____

Age _____

Allergies _____

Please call { } Urgent { } Emergency { }

History _____

Exam _____ T _____ P _____ R _____ BP _____

Follow-up response _____

Medications _____

Rx refill request Pharmacy { } Patient { }

Pharmacy name _____ Phone _____

MD returned call { }

Begin _____ End _____

Signature _____

For documentation purposes, please copy and file into patient's chart