

Patient _____ DoB ____/____/____ Wt. _____ Dr. _____ Chart# _____

Caller/Called _____ Phone No. 1 _____ Phone No. 2 _____

Reason For Call Illness/Injury Follow-up Medication questions Medication refills Pharmacy: _____

Red indicates possible need for examination.

Current Meds: _____

fever: _____ duration: _____ ↑ crying ↓ sleep looks sick pain: 1 2 3 4 5 6 7 8 9 10

Systems Review

Pos Neg

Circle appropriate symptoms

- 1. **ENMT** sore throat (rash, drooling), earache (severe, tender, drainage)
Resp. congestion, cough, chest pain, wheezing, difficulty breathing
- 2. **Eyes/Lids** red, drainage, swollen, painful, unilateral
- 3. **Hemat/** nosebleeds (recurrent), unexplained bruising, petechiae
L. Nodes swollen, painful, red streaks
- 4. **GI** abd. pain: localized, constant, worsening, looks ill
vomiting: blood, frequency _____ duration _____
diarrhea: blood, frequency _____ duration _____
constipated: blood
- 5. **GU** urine: frequency (nl, ↓, ↑) burning, blood
- 6. **Genitalia** discharge, lesion, trauma, abn. menses
- 7. **Skin** rash (inflamed), insect bite/sting (systemic reaction),
infection, burn/sunburn (face, large blisters, infected)
- 8. **Mus/Skel** pain, swelling, limitation of motion

Advice / Medications

Drug Allergies? Yes No

Phone Consultant _____

Advice given Advised to see Call if Sx. don't improve Referral Meds. called in. File record in chart

PEDS

Date / Time

Age

Summary

Referral