UNIVERSITY OF VIRGINIA HEALTH SYSTEM

1200000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Copy 1: HOSPITAL CHART Copy 2: CLINIC CHART

DOWNTIME CLINICAL ENCOUNTER NOTE

Date: _____ PCP: _____

☐ Telephone contact Time call: received _____ initiated _____ phone no. _____

☐ Walk-in Time arrived _____ Walk-in/caller if other than patient _____

Reason for visit/call: _____

☐ Referral / appointment: _____ Appointment date: _____ Time: _____

☐ Rx / Refill Pharmacy: _____ Phone no.: _____ Last / next visit: _____

☐ Test results: _____

☐ Follow-up ☐ Sick ☐ Other ☐ Message left for: _____

Explain: ☐ Interpreter used _____

Above information obtained by: _____

INFORMATION / ACTION TAKEN **TIME: CALL RETURNED OR TRIAGED** _____ ☐ N/A

Allergies: ☐ NKDA ☐ See Chart ☐ Verified Vital Signs: Pulse _____ BP _____ Reg _____ Weight _____ kg

☐ OB / GYN LMP _____ EDD _____ G _____ P _____

☐ OR / Procedure: _____ Date: _____

☐ Vaccinations/Meds given _____

Protocol used _____ ☐ N/A Signed _____ RN LPN

MD review / comments _____

Make appt. ☐ Y ☐ N When? _____ _____ _____

Physician signature/PIC Date