

Friend Family Health Center, Inc.
800 E. 55th Street
Chicago, IL 60615
Phone: (773)702-0660
Fax: (773)834-1909

RESIDENT TELEPHONE TRIAGE FORM

Date: _____ Time: _____

Patient Name: _____

Patient DOB: _____

Caller Name: _____ Relation: _____

Phone #: _____

PMD: _____

Chief Concern: _____

Details: _____

Assessment: _____

Plan: _____

Consent for protocol #15913B obtained (see oral consent script in parent pager binder)?

- Yes**
- No**

Check all that apply:

- Telephone advice given
- Urgent Care Visit Scheduled
- Referred to Emergency Department
 - Called ED Attending (702-6249)
 - Does patient have private insurance? Yes/No (Circle)
- Attending on Call Consulted

Follow-up (if applicable): _____

Resident Signature

Resident Name Printed