



## CNA HealthPro

### Managing After-Hours Patient Calls

Dentists often receive phone calls away from the office, when they lack access to patient files. That's when dentists most need a form to organize information and prompt the necessary questions. If problems develop afterward, a terse, cryptic note written on a scrap of paper will not impress a jury. It might even suggest that the dentists did not take a proper history or convey necessary information to the patient.

The following phone contact form can guide dentists in asking the right questions and capturing essential patient information in an organized and accessible manner. It can be used in any situation where data must be gathered quickly and the patient chart is not immediately accessible. Take the filled-out form with you to the office and record the information in the patient chart, saving this original record as well. The result will be an organized, effective system, making follow-up care easier to track and minimizing potential documentation gaps. Feel free to modify this model to suit your own needs.

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# After-Hours Patient Contact Form

Date and time of call \_\_\_\_\_ Caller's name \_\_\_\_\_

Patient name (if other than caller) \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

What is your complaint? \_\_\_\_\_

When was your last dental visit? \_\_\_\_\_ Are you currently under the care of a physician? \_\_\_\_\_

Since when, and for what reason? \_\_\_\_\_

Have you had any recent non-dental physical/health problems? \_\_\_\_\_

What medications are you now taking (prescription, over-the-counter, and supplements)? \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge, do you have any drug allergies or toxic reactions to medications? \_\_\_\_\_

\_\_\_\_\_

Medical history review: heart disease/rheumatic fever/murmur/prosthesis; bleeding disorders/anemia; BP high or low; TB; asthma or respiratory disease; prosthetic joints; diabetes/endocrine system; kidneys; hepatitis; ulcers/GI; history of malignancy; chemo/radiation tx; seizure disorders; pregnancy; alcohol use and abuse; venereal disease; HIV/immunosuppression

Do you have or have you and any other disease or condition? \_\_\_\_\_

Differential diagnoses \_\_\_\_\_

Advice given to patient \_\_\_\_\_

Drugs prescribed (name, quantity, dosage, instructions, refills) \_\_\_\_\_

\_\_\_\_\_

Drug information given \_\_\_\_\_

Name of pharmacy \_\_\_\_\_ Phone # of pharmacy \_\_\_\_\_

Date set for examination of patient \_\_\_\_\_

Warning symptoms requiring immediate attention \_\_\_\_\_

Was patient informed of risks and limitations of palliative treatment? Yes No

Is patient aware of the need to come to the office for examination as soon as possible? (if applicable)

Yes No