



Phone consultation request

Date:

Time:

☐ Urgent - requesting immediate call back/will call doctor from ACF shortly

☐ Within 24h - return call will be between 3pm and 5pm weekdays

Phone contact (MUST BE DIRECT LINE) :

Facility name:

RN name:

Patient details (name, DOB, location) - sticker is fine.

Issue:

Relevant observations:

GCS

Temperature:

HR: Regular/irregular

BP:

RR:

Oxygen sats: On oxygen yes/no

Urine dip:

Any other relevant information:

Time of phone call:

Outcome of clinical discussion: