

TOC phone call Template

Discharge Date :

Phone call Date:

LACE score:

A.Health Status: Condition since discharge

- Patient states they are feeling better
- Patient feels about the same as when they were discharged
- Patient reports symptoms have worsened
- New problem

Elaborate:

B. Medications: Do you have all of your medications in front of you now?

Do Med rec

- I have filled the prescribed medications
- I have not filled the prescribed medications

Elaborate:

What questions do you have today regarding your medications?

C. Clarification of Physician Appointments and Lab Tests

Are you aware of your clinic follow-up appointment?

- Yes
- No

Any Pending Lab test or imaging (Based on D/C summary)

- Yes
- No

Any other referrals?

- Yes
- No

Elaborate

D. Coordination of Post Discharge Home Services (if applicable):

Have you been visited by any home health care services (i.e. nurses, respiratory therapist) since you were discharged?

Are you having any financial issues purchasing the prescribed medications?

- Yes
- No

Do have transportation to get to the follow-up clinic appointment

Piedmont Athens Regional Medical Center-Internal Medicine Residency Program

Zahraa Rabeeah MD ,Catherine Apaloo MD, Jacob Barry MPH.2019

- Yes
- No

Do have medical insurance?

- Yes
- No

Red flags?

- Yes
- No

Do you know what to do if your symptoms get worse?

- Yes
- No

CHF questions:

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| 1. Are you able to weigh yourself every day at about the same time? |
| 2. Do you know how much weight gain you should immediately report to your doctor? |
| 3. Do you have any problems such as shortness of breath, fatigue, chest pain or swelling in your legs? |
| 4. Did someone at the hospital talk to you about your special diet? Have you been able to follow this diet? (If no: What problems have you had with it?) |