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
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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<tbody>
<tr>
<td>1.</td>
<td>Are you able to weigh yourself every day at about the same time?</td>
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<td>2.</td>
<td>Do you know how much weight gain you should immediately report to your doctor?</td>
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<td>3.</td>
<td>Do you have any problems such as shortness of breath, fatigue, chest pain or swelling in your legs?</td>
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<td>4.</td>
<td>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?)</td>
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