Before Contacting HCP Checklist: (select all that apply)
☐ Evaluate resident
☐ Review recent orders and labs
☐ Review health alert care path
☐ Have resident chart available when reporting

SITUATION
The reason I am contacting you is:

This was first identified: MM/DD/YYYY At___:___ AM PM
The condition has gotten: ☐ Worse ☐ Better ☐ stayed the same
What makes this condition better? ☐ N/A

What makes this condition worse? ☐ N/A

BACKGROUND
Why is this resident at LTCF?
Hospice: ☐ Yes ☐ No
Code status: ☐ DNR ☐ Full Code
Advance Directives: ☐ Yes ☐ No
Mental Status: ☐ AAOX3 ☐ Forgetful ☐ Confused ☐ Alzheimer/Dementia
Allergies:

Additional Info:

ASSESSMENT
Current Vital signs: T: ____ BP: ____ /____ HR: ____ R: ____ ☐ Room Air ☐ Oxygen Pulse Oximetry____%
Edema: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A
Acute Mental Status Change: ☐ No ☐ Yes Explain: 
Lung sounds: Right ☐ Clear ☐ Wheezes ☐ Rhonchi ☐ Rales ☐ Inspiratory Gasp ☐ Absent
Left ☐ Clear ☐ Wheezes ☐ Rhonchi ☐ Rales ☐ Inspiratory Gasp ☐ Absent
Bowel sounds: ☐ Present ☐ Absent
Last BM: MM/DD/YYYY At___:___ AM PM
Urinary: ☐ WNL ☐ Decreased Volume ☐ Decreased Frequency ☐ Increased volume
☐ Increased Frequency ☐ Blood Present ☐ Cloudy Urine ☐ Foul Urine
Wound: ☐ N/A

REPORT
Please list the most relevant signs and symptoms:

Please consider the following: ☐ ED Evaluation ☐ New Orders ☐ Continue Monitor ☐ X-ray, EKG, Labs etc.
Reported to ___________________________ Date: MM/DD/YYYY At___:___ AM PM
Notified: ☐ Family ☐ Health Care Provider ☐ Other ___________________________