

Template

☒ Patient: T, TEMPLATES DOB: 01/01/1970 Age: 31 Y Sex:
Phone: 508-836-2700 Primary Insurance:
Address: 114 turnpike road, Suite 204, Westborough, MA-01581
Account Number: 8663 Encounter Date: 01/01/2001 Provider:

Subjective:

Chief Complaint(s): ▾

- TOC HOSP Telephone note

HPI: ▾

General

The Patient is here today for TOC Telephone note - call made within 2 business days of discharge.
Hospital Transition Care Visit

Date of admission to hospital:

Date of receipt of hospital admission report:

Date of discharge from hospital:

Date of receipt of hospital discharge summary:

Discharge medications reviewed and reconciled from hospital:

! Current Medication:

Medical History:

Allergies/Intolerance:

ROS: ▾

Objective:

Vitals:

Past Results:

Examination: ▾ 

Assessment:

Assessment: ▾ 

- Hospital discharge follow-up - Z09 (Primary)

Plan:

Treatment: 

Others

Notes: Spoke to:

Caregiver name:

Appointment made:

Receiving any community services at this time: