

Your
Hospital's
Logo
Here

CONSULTATION RECORD

Consult Notified:	Date: _____
TIME _____ (Military Time)	Initials: _____
<input type="checkbox"/> Done by: _____	MD
<input type="checkbox"/> Fax: _____	
<input type="checkbox"/> Telephone: _____	
<input type="checkbox"/> Answering Svc: _____	

PATIENT IDENTIFICATION

TO CONSULTING SERVICE
AND / OR PHYSICIAN:

REASON FOR REQUEST

SIGNATURE OF REQUESTING PHYSICIAN DATE

PLEASE CHECK: **A** **B**
WRITE ORDERS NOW DO NOT WRITE ORDERS

REPORT

DICTATED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

TESTS, PROCEDURES, INTERVENTIONS, ETC. WHICH ARE FOR GENERAL DIAGNOSTIC USE AND WILL NOT ALTER THE ACUTE INPATIENT MANAGEMENT, SHOULD BE PERFORMED AS AN OUTPATIENT WITH APPROPRIATE FOLLOW-UP.

RECOMMENDATIONS

INPATIENT	OUTPATIENT

IF ADDITIONAL SPACE REQUIRED, USE CONSULT ADDENDUM FORM (S/N # 8850078)

DATE TIME SIGNATURE OF CONSULTANT

WHITE - Medical Records YELLOW - Attending Physician PINK - Consultant

PART OF THE MEDICAL RECORD