## Dial A Doctor

## Aged Care Facility Booking Form



Please ensure this form is complete and handed to doctor on arrival with attachments as below.

Please note that without this form and attached documents, our doctor may be unable to consult your patient.

your patient.		
Patient Details		
Name		
DOB		
Address including		
Room Number etc		
<b>Duty Nurse Details</b>		
Current duty nurse	Name:	
	Mobile:	
Symptom Information		
Reason for call		
Symptoms		
Relevant History		
Documents required on arrival		Attached (v)
		Tetachica (V)
Current medication chart		
Current care plan or health summary		
Recent set of vital signs (taken within last 2 hours)		
Palliative instructions		