

Patient Encounter Sheet

Patient Information			
Med. Record #		Date & Time	
Last Name		First Name	
DOB		Financial Class	
Phone Number		ZIP	
Current PCH		Chief Complaint	
Clinic Assigned: <input type="checkbox"/> Clinic:		<input type="checkbox"/> Emergency	<input type="checkbox"/> Follow-up Req.
Appointment: <input type="checkbox"/> Date: _____ Time: _____		Notes:	
If patient does not have primary care home, why not? <ul style="list-style-type: none"> <input type="checkbox"/> No Insurance <input type="checkbox"/> Patient doesn't see value in having PCH <input type="checkbox"/> Patient doesn't get sick <input type="checkbox"/> Patient felt it was true emergency <input type="checkbox"/> Other – See Notes 			
If patient does have primary care home, reason for today's visit to ED: <ul style="list-style-type: none"> <input type="checkbox"/> PCH is not open <input type="checkbox"/> PCH did not have same day appointment available <input type="checkbox"/> Patient does not like PCH <input type="checkbox"/> PCH referred patient to ED <input type="checkbox"/> Patient felt was true emergency <input type="checkbox"/> Other – See Notes 			
		Referral Type: _____	
		Details:	
		1.	2.

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