

TRIAGE NOTE

Patient Name: _____ Date: _____

Phone: _____ Caller: _____

Description of Problem: _____

Message Taken By: _____

Allergies: _____

Chronic Disease: _____

Current Medications: _____

Message Received By: _____

S:

O:

A:

P:

adhere pt. ID sticker here

Cl. Name:	_____
SS#	_____
ID#	_____
DOB:	_____