

F. Advised Patient _____		
_____ Remove CI	_____ Refer Immediately to: _____	
_____ Come Into The Office	Emergency (time) _____	Urgent (time/date) _____
Other _____		
G. Follow Up Actions		
_____ Spoke With Dr	_____ Called Dr. X (Backup Dr) - Advised _____	

H. Re-checked With Patient		
_____ Date/Time	Patient is Improved/Worse/Stable	
Patient To Return To Office (date/time) _____		
I. Instructions To Patient/ Notes _____		

Signed _____ Record Seen By Dr _____		
Disposition _____		

Form11: Office Emergency Checklist Cont.

When a patient calls your office, it can be argued that your professional relationship has begun. If the call is based on an emergency or even a perceived emergency, the burden may be greater to properly care for the patient. It is useful to have a generic form for use at the front desk for use by your personnel. Not only does this provide a specific guideline for everyone to follow, it also gives you a written reference for follow-up and further decision making. Any form of this nature should be printed on a different color paper and must be seen by the doctor at the earliest possible moment. Only after being signed off by the doctor should this form be filed.

OFFICE EMERGENCY CHECKLIST		
Patient _____	Date/Time _____	
(Caller, if not patient _____)		
A. Patient Symptoms and Severity		
_____ OD	_____ OS	_____ OU
_____ Red	_____ Swollen	_____ Tearing
_____ Discharge	_____ Decreased Vision	_____ Vision Loss
_____ Pain	_____ Other (describe) _____	
B. Does Patient Wear Contact Lenses? If so, are they still wearing them?		
_____ CL Problem		
Describe: _____		
What has patient done: _____		
C. Has Patient Suffered An Eye Injury?		
_____ Y/N		
Describe: _____		
What has patient done: _____		
When did the problem occur (date/time) _____		
D. What Has The Patient Done To Help Decrease The Problem _____		
E. Is The Patient Taking or Using Any Medications: _____ Y/N		
If yes, what _____		

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