Documentation Tool for Standard 1B - Items 1, 2[3,5,6], 3, 4

Name:

Date	Telephone call during office hours (T) or Voice mail (V) or After-hours Answering Service (A) or e-mail/Web requests (E)	Call time	Return call time and date if different	Urgent or High Priority (√ if yes)	Met protocol criteria (√ if yes or N for no)	Caller type Patient (P) or family member (F), pharmacy (Ph), Other (O)	Patient name or chart number	**Front desk tracking**				
								Saw provider requested for appointment		Scheduled same day (If patient does not request same day or same day time frames do not fit patient's needs use N/A)		
								Y	N	Y	N	N/A

For office use: % Met Protocol: _____Audit: # of calls audited _____% accurate _____ Date: _____ Initials: _____