

INSTRUCTION FOR COMPLETION OF THE FORM

1. NB! The numbering used in this tool is in line with the generic flow of patient visit
2. Please capture relevant information in all grey shaded areas

Please circle if the patient had or did not have an appointment

Patient's folder/file number			
Date of patient's visit			
Has appointment	YES		NO
Date of appointment			
Time of appointment			
Time of arrival & triage ¹			
Triage ²			
Registry (for file/records) ³			
Vital Signs ⁴			
Clinical service areas			
		Service area ⁵	Arrival:
			Departure:
	OR	Service area ⁶	Arrival:
			Departure:
	OR	Service area ⁷	Arrival:
			Departure:
	OR	Service area ⁸	Arrival:
			Departure:
	OR	Service area ⁹	Arrival:
			Departure:
	OR	Service area ¹⁰	Arrival:
			Departure:
	OR	Service area ¹¹	Arrival:
			Departure:
OR	Service area ¹²	Arrival:	
		Departure:	
OR	Service area ¹³	Arrival:	
		Departure:	
		Departure to ward/transfer out	Departure:
Pharmacy ⁶			Arrival:
			Departure