

CNA Sample Form: Patient Contact After-hours

Date and time of call:_____ Caller's name:_____

Patient name (if other than caller):_____

Home phone:_____ Work phone:_____ Cell phone:_____

What is your complaint?_____

When was your last dental visit?_____

Are you currently under the care of a physician?_____

Since when, and for what reason?_____

Have you had any recent non-dental physical/health problems?_____

What medications are you now taking (prescription, over-the-counter, and supplements)?_____

To the best of your knowledge, do you have any drug allergies or toxic reactions to medications?

Medical History Review:

heart disease/rheumatic fever/murmur/prosthesis; bleeding disorders/anemia; BP high or low; TB; asthma or respiratory disease; prosthetic joints; diabetes/endocrine system; kidneys; hepatitis; ulcers/GI; history of malignancy; chemo or radiation tx; seizure disorders; pregnancy; alcohol use and abuse; venereal disease; HIV/immunosuppression

Do you have or have you suffered from any other disease or condition?_____

Differential diagnoses:_____

Advice given to patient:_____

Drugs prescribed (name, quantity, dosage, instructions, refills):_____

Drug information given:_____

Name of pharmacy:_____ Phone # of pharmacy:_____

Date set for examination of patient:_____

Warning symptoms requiring immediate attention:_____

Was patient informed of risks and limitations of palliative treatment? Yes No

Is patient aware of the need to come to the office for examination as soon as possible? (If applicable) Yes No

Is patient aware of the need to seek emergency treatment if his or her condition worsens or he or she experiences an unusual reaction to medications prescribed? Yes No

This sample form is for illustrative purposes only. Your form's content and layout may be different. We encourage you to modify this form to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.