

**PRC Patient Follow Up Referral
PSPH Emergency Center**



Patient Sticker

Provider

Diagnosis: _____

Reason for Appointment: _____

Appointment needed within _____ (days)

HUC – Confirm Pt Info

HUC Name: _____

(Do not take info from Face sheet. Speak with the patient.)

Telephone #: _____

Address: _____

HUC – Appointment

HUC Name: _____

PCP Name: _____

Office #: _____

Appointment Date: _____ Time: _____

Office staff will contact patient directly for f/u

Appointment confirmed by: _____ (name office staff)

Problems obtaining appointment: _____

HUC – Patient Contact

Patient provided f/u letter prior to discharge **HUC initials** _____

Patient called/attempted:
Date: _____ Time: _____ **HUC initials** _____

Date: _____ Time: _____ **HUC initials** _____

Follow up letter mailed to patient:
Date: _____ Time: _____ **HUC initials** _____

**Attach completed form to EDIE form and place in appropriate folder at
A/B pod desk.**