TELEPHONE CONSULTATION FORM

☐ Phone call initiated by another doctor requesting your opinion on a diagnosis or treatment of a patient
   Patient Name or RAMQ no.: 
   Name of the Doctor: 
   Date of Call: 
   Start time and duration: 
   Opinion Given: 

☐ Phone call initiated by a medical professional (nurse, social worker, psychologist, physiotherapist, etc) requesting your opinion on a diagnosis or treatment of a patient
   Patient Name or RAMQ no.: 
   Name of the medical professional: 
   Date of Call: 
   Start time and duration: 
   Opinion Given: 

☐ Phone call initiated by a pharmacist concerning the adjustment or clarification of a medication
   Patient Name or RAMQ no.: 
   Name of the pharmacist: 
   Date of Call: 
   Start time and duration: 
   Opinion Given: 

☐ Phone call initiated by YOU to a specialist
   Patient Name or RAMQ no. or U no.: 
   Name of the consulting doctor: 
   Date of Call: 
   Start time and duration: 
   Opinion Given: 

   NB. A note should also be made in the patients chart (SOS)