

The following is a sample of a phone monitoring patient encounter checklist form that could be used for disease-specific phone monitoring. The template is located on www.homehealthquality.org

CHF Phone Monitoring Checklist

Patient Name: _____

Medical Record Number: _____ Date: __/__/____ Time: ____

Spoke with: _____

Phone Monitoring Call Schedule: _____ Next call: _____

Onsite Visit Schedule: _____ Next visit: _____

Weight: _____ Increase or decrease from last assessment: ___lbs.

Swelling of feet/ankles (subjective): Yes/No

Blood Pressure: _____ Shortness of breath (subjective): Yes/No

Pulse (full minute): _____

Respirations/minute: _____

Diet/Sodium intake (past 24 hours): _____

Patient complaints:

Medication Regime Reviewed with Patient/Caregiver: _____

Instruction:

S/S of Exacerbation of CHF (specify) _____

Emergency Plan (specify) _____

Medication (specify) _____

Activity (specify) _____

Diet (specify) _____

Other (specify) _____

Additional notes (if needed): _____

Staff Signature/Credentials: _____