|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please Note | **Please write legible notes, as these details will be transferred by a colleague once Adastra is restored.** | | | | | |
| Call No: | | |  | **Priority:** |  | | |
| Date: | | |  | **Time:** |  | | |
| Patient Name: | | |  | **DOB:** |  | **Age:** |  |
| **Home Address**: | | |  | Current Location **if temporary**  **Resident:** |  | | |
| Post Code | | |  | **Name of GP:** |  | | |
| Phone: | | |  | **Surgery:** |  | | |
| Caller name & relationship: | | |  | | | | |

|  |  |
| --- | --- |
| Symptoms: | Please see attached NHS 111 Assessment |

**FOR CLINICIAN’S COMPLETION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Clinical Notes for Consultation: |  | | |
| Start Time: |  | **Finished:** |  |
| PRX Items: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis Code: |  | **Forwarding priority:** |  |
| **FORWARDING OPTION - Please select clinician advice outcome:** | | | |
| Appointment: |  | **Home visit:** |  |
| **Case completed:** |  | **Information outcome if completed:** |  |

|  |  |
| --- | --- |
| Clinician name: (print) | Signature: |