

① WREXHAM G.P. OUT OF HOURS CO-OPERATIVE

Patient Name [Redacted]
Address [Redacted]
D.O.B. [Redacted] Tel. No. [Redacted]
Patients G.P. Dr. [Redacted]
Symptoms Coughing when lying down / Swollen glands.

TRIAGE ASSESSMENT

OBJECTIVE (Examination)

ASSESSMENT (Diagnosis)

PLAN (Management/Advice)
Did Not Attend

Home Visit Advice Triage
Medical Attendance Centre Fax
Name of Visiting Doctor
Block letters

DATE
25-10-03

CALL NO.
114

TIME CALLED
20-39

TIME OF NURSE ASSESSMENT

RESPONSE TIME
DNA

OUTCOME

COMPLETED

TO GP IN
___ DAYS

FAXED TO SURGERY
TIME _____
DATE _____

ADMITTED TO DEPT _____

AMBULANCE BOOKED
TIME _____