☎ Telephone Consult

CURAVI HEALTH

Who is the resident?

First Name	Last Name	Date of Birth	Gender	Full Code
			(Optional)	(Optional)

Facility Name	What is the unit?	Who is attending of record?

What is the nurse's contact information?   What is your number?

Name	Call Back Phone#	Ext.	Call Back Phone#	Ext.
		(Optional)		(Optional)

What is the situation? (Enter the situation and any requests)

Provide the relevant vitals (Optional):

HR	BP	BP	RR	Temperature	O2 sat	CDG
		/				
BRM	Systolic	Diastolic	/minute	Degrees	%	mg/dl

Oxygen administered?	L/min	Delivery Method