

### Theatre phone messages

|   |        |
|---|--------|
| Date and Time of Call:                            |        |
| For attention of:                                 |        |
| Name of patient:                                  |        |
| Patient DOB:                                      |        |
| Name of called:                                   |        |
| Relationship to patient:                          |        |
| Contact phone number:                             |        |
| Message:  |        |
| Happy to receive a call at any hour of the night? | Yes No |

If this is a clinical question, have you reminded the caller that if they have not had their call returned and they are worried about the condition of the patient then they should escalate as required (e.g. present to RCH, phone ambulance)?

Yes

No

|                                   |  |
|-----------------------------------|--|
| Name of staff member taking call: |  |
|-----------------------------------|--|