Name of Policy:	**Appointment Reminder Calls**
Policy Number:	3364-101-06-11
Department:	Ambulatory Services
Approving Officer:	Associate Vice President Associate Executive Director
Responsible Agent:	Administrator, Ambulatory Services & Behavioral Health Director, Ambulatory Services
Scope:	Ambulatory Services

THE UNIVERSITY OF TOLEDO

Effective Date: March 19, 2009

Initial Effective Date: March 19, 2009

X New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy statement

Appointment reminder calls will be made to clinic patients prior to their appointment.

(B) Purpose of policy

To remind patients of upcoming scheduled appointment in Ambulatory Clinics.

(C) Procedure

1. Designated clinic personnel will print the clinic schedule 24-72 hours in advance of appointment.
2. Each patient on the schedule will be phoned and reminded of the appointment date and time.
3. If the patient is available, clinic personnel will state they are calling from the University of Toledo Medical Center, the name of the appropriate clinic, the date and time of the appointment along with the name of the physician.
4. If the patient is unavailable, provided we have the patient's approval, a message with the same information as in #3 will be left at the phone number provided by the patient.

Approved by:

Norma Tomlinson 3/20/09

Norma Tomlinson, RN, MSN, NE-BC — Date
Associate Vice President, Associate Executive Director

Review/Revision Completed By:
Ambulatory Services

Review/Revision Date:

Next Review Date: 3/1/2012

Policies Superseded by This Policy:

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

New Patient/Treatment Plan

Name:
MRN:
Physician:
Diagnosis:
Treatment Plan:

Items faxed to Infusion Center _____**UTP**
_____**UTMC**

_____ Orders

_____ Facesheet/demographics

_____Current Medication List

_____ Progress note

_____ Path report (addendum with receptors, HER-2-neu, if applicable)

_____ Pertinent radiology reports, ie. Bone scan, CT, DEXA (if applicable)

_____ Pertinent test results, heart function tests, PFTs (if applicable)

_____ Recent labwork

_____ Chemotherapy teaching visit date_____time_____

_____Chemotherapy Teaching Check List

_____Verification of line placement

_____Chemotherapy medication Information

_____ Other issues

_____ Preferences for day of week, time_____

_____ Date and time of treatment_____