Asthma Urgent Care or Emergency Department Visit Continuity and Coordination Report

Today's date: _____

Patient name: _____ **Date of birth:** _____

☐ **Urgent care clinic visit date:** _____

☐ **Emergency department visit date:** _____

Primary diagnosis: _____

To: _____
Primary care/referring physician

Address: _____ **Phone:** _____

_____ **Fax:** _____

Your patient was seen in this urgent care clinic or emergency department on the above date for an asthma-related condition. This information is being sent to you for your review and inclusion in the patient's medical record.

The treatment plan and discharge instructions are attached.

Comments: _____

_____

During the examination, your patient was reminded to follow up with his or her primary care physician or specialist within 14 days for further management of their asthma.

Additional recommendations: _____

_____

Respectfully submitted,

_____
(Examining health care professional signature)

Print Name: _____ **Phone:** _____

Address: _____

_____

_____

cc: _____