CLINIC NO-SHOW APPOINTMENT PHYSICIAN TRIAGE

Date: 
Phone Number of Patient: 
Please mark the following as appropriate: This is the Patient’s:  □ 1st No Show
□ 2nd No Show
□ 3rd No Show
□ More than 3 No Shows

Doctor: 

The above patient did not show for their scheduled clinic visit as specified above. Please check one of the following boxes for follow-up instructions:

Please mark as appropriate:
□ Patient rescheduled on his or her own
□ Patient is hospitalized
□ Patient was seen prior to appointment and was told not to keep appointment
□ Nurse should call patient and educate regarding need for follow-up (see notes below)
  Appointment should be rescheduled? □ Yes □ No
□ Physician will call patient and educate regarding need for follow-up (see notes below)
  Appointment should be rescheduled? □ Yes □ No
□ Send No Show Letter (regular mail)
□ This is the patient’s third (or more) now-show appointment
  Send No Show Letter (certified mail) □ Yes □ No
□ Other (see notes below)

Nurses Notes: 

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Physician Notes: 

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Nurse Signature: ________________________________  Physician Signature: ________________________________

(Must be copied on pink paper (Lubbock/Odessa) or purple paper (Amarillo/El Paso) and filed in the Medical Record)