

PAT Triage Questionnaire

******This form is to be completed and faxed/scanned with the Case Request******

Name _____ Date of birth _____ MRN # _____

STEP 1

Answer Yes to ANY of these questions = PAT Telephone Interview

If yes to any of these 4 questions, STOP and schedule a PAT phone call (you do not need to answer any further questions). If No to all continue to Step 2

	QUESTION	YES	NO
1	Is the patient under the age of 13?		
2	Is Patient having cataract surgery?		
3	Is Patient in nursing, rehab or correctional facilities? FL2 _____, Med list _____ Adv. Dir. _____		
4	Is the Patient having an endoscopy procedure AND did not answer yes to any of the 7 questions in Step 2		

STEP 2

Answer Yes to ANY of these questions = PAT Visit

If yes to any of these 6 questions, schedule a PAT visit. If No to all continue to Step 3

	QUESTION	YES	NO
1	Do you have heart problems (history of congenital heart disease, chest pain, heart attack, heart (coronary) stents, heart failure, valve problems, bypass surgery, irregular heartbeat), history of stroke or aneurysm? Cardiologist name/#: _____ / _____		
2	Do you have breathing problems (COPD, emphysema, chronic bronchitis) or use oxygen at home? Pulmonologist name/#: _____ / _____		
3	Do you have a pacemaker or defibrillator?		
4	Do you have kidney failure requiring any type of dialysis?		
5	Do you take any blood thinners other than Aspirin (i.e. Coumadin, Pradaxa, Plavix, Effient, Brillinta)?		
6	Are you going to be admitted to the hospital as Inpatient post-op? (OPA: Outpatient Admit)		

STEP 3

Answer Yes to 2 or More of these questions = PAT visit

If yes to 2 or more of these 4 questions, schedule a PAT visit. If yes to only 1 of these questions OR no to all questions, schedule PAT Phone call.

	QUESTION	YES	NO
1	Do you have High Blood Pressure?		
2	Do you use Insulin for Diabetes?		
3	Do you have sleep apnea?		
4	Is it difficult for you to climb a full flight of stairs without shortness of breath?		