Sláinte Leanaí Éireann
CHI
Children's Health Ireland

Record of advice given to parents/patients and guardians over the phone by nursing staff

Full Name: .....
Address: ....
..... Addressograph .....
HCR No: .....
DOB: ___ / ___ / ____

Patient Name	Date of Birth	HcRN

Patient Address

Reason for the call
Please provide details of the query

Date of call: **Time of call:**

Advice Given

To be filed in the patient Healthcare record

This document must be filed in the patient Healthcare record

Print Name: .....Signature:..... NMBI.....

Grade: .....Ward: .....