

## 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 a PAT phone call will be completed (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 <b>AND did not answer yes to any of the 5 questions in Step 2</b>		

### STEP 2

**Answer Yes to ANY of these questions = PAT Visit**

**If yes to any of these 5 questions, request 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? <b>Cardiologist name/#:</b> _____/_____		
2	Do you have breathing problems (COPD, emphysema, chronic bronchitis) or use oxygen at home? <b>Pulmonologist name/#:</b> _____/_____		
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)?		

### STEP 3

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

**If yes to 2 or more of these 4 questions, request a PAT visit. If yes to only 1 of these questions OR no to all questions, PAT Phone call will be completed.**

	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?		