PALLIATIVE CARE MEDICINE SERVICE

ON-CALL NOTES

Patient Name: _____ **Resident:** _____

Date: _____ **On call attending:** _____

Time: _____ **Patient's PC physician:** _____

☐ Visit (Community Patient)

☐ Telephone Call ☐ Community Patient ☐ KGH In-patient
☐ PCH PCU Patient ☐ Cancer Clinic Patient

Summary: