Hospital/ER Follow-up Tracking Form

Patient Name:______________________________MRN___________________Date________________

Date of ER visit or hospitalization_________________ Length of stay__________________

1. Why did you go to the ER? What were your symptoms? Where you admitted to the hospital?

2. Were you prescribed medications? Where changes made to your current medications? Were you able to obtain the medications if they were prescribed?

3. Was your health issue or problem resolved?

4. Do you have a follow-up appointment with your primary care provider?

5. Do you feel there is anything that could have been done to prevent the need for ER care or hospitalization?