PATIENT NAME	CALLER	FACILITY	PMD OR SNF-MD	COMPLAINT	SBAR	ACTION TAKEN	FOLLOW-UP NEEDED	FELLOW FEEDBACK

Caller = person who called; if patient indicate self; **Facility** = SNF, ALF if appropriate, otherwise indicate N/A; **Complaint** = succinct summary of problem; **Action taken** = what you did as GOC; **Action needed** = what additional follow-up actions need to be taken by PMD, SNFMD, NP, or administrative support staff; if no specific follow up needed, indicate N/A