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Paedspal Telephonic Communication Form

This tool is part of our Paedspal healthcare response to COVID-19 National Disaster

Date	
Time Taken	
Patient Name	
Diagnosis	
Contact Numbers	
Paedspal Staff Member making Contact	
Family Member/ Health Care Worker receiving Contact	

Indication for Communication:

- Deferred POPU Patient
- Response to request from Family Member
- Advance Care Plan Discussion
- Bereavement Support
- Psychosocial Support
- Corona Virus Education
- Medical Counselling
- Discussion with another Healthcare Worker



Summary of Contact:

Physical Symptoms:

Psychosocial:

Spiritual:

Questions from the Family:

Practical Check List:

Does the Child have enough Medication? **Y** **N** Plan: _____

Date of next follow up:

Telephonic: _____ Clinical: _____

Clear Pathway of Care if the Child is sick

Where: _____

Primary Team: _____

IL Level discussed

Comment: _____

Referred to another Paedspal Team Member

Who: _____ Why: _____



Is there food insecurity? **Y** **N** Plan: _____

Data Capture and Signapps done: **Y** **N**

List Actions Arising:

