



ESM DOWNTIME FORM: Day work flow practice



Date _____ Time (24hr clock) _____ Location _____ Page ____ of ____

Patient name/UR number/date of birth <i>(Write or attach label)</i>	Appt date	Requested appt date and time	Chargeable status	Payment class	Appointment type	Resource	Check in/out <i>(24hr clock)</i>	Appt outcome	No-show <i>(Tick)</i>	Cancel reason	Scheduling comments <i>(investigation required)</i>
Name: <i>John Smith</i> UR: <i>2323237</i> DOB: <i>08/08/2010</i>	<i>1/7/16</i>	<i>1/7/16</i> <i>09:30</i>	<i>Public</i>	<i>Medicare</i>	<i>Paeds – Dev</i> <i>New</i>	<i>Dr Jones / LCCH CDS OT</i> <i>01 60</i>	In: <i>09:25</i> Out: <i>10:05</i>	<i>Rebook/</i> <i>remove</i>	<input type="checkbox"/>	<i>Patient unfit</i> <i>for attendance</i>	<i>First available appt</i>
Name: UR: DOB:							In: Out:		<input type="checkbox"/>		
Name: UR: DOB:							In: Out:		<input type="checkbox"/>		
Name: UR: DOB:							In: Out:		<input type="checkbox"/>		
Name: UR: DOB:							In: Out:		<input type="checkbox"/>		





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