

**ST JOHN ANSWERING SERVICE
CLIENT INFORMATION - PHYSICIAN**

GROUP NAME		PHYSICIAN NAME	
HOME #	CELL #	PAGER #	
CELL COMPANY	PAGER COMPANY	PAGER TYPE <input type="checkbox"/> Digital <input type="checkbox"/> Alpha <input type="checkbox"/> Voice	
<p>Please check preferred option -</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Will the physician accept calls from other physician when not on call?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No May the physician's home / cell number be given to other physician's?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No May the physician's contact information be given to group associates?</p>			
<p>Please check preferred option -</p> <p>Contact Method</p> <p><input type="checkbox"/> Always leave message on pager unless physician calls the answering service to advise differently.</p> <p><input type="checkbox"/> Always call cell phone to contact physician</p> <p><input type="checkbox"/> Always send text message to cell phone – MUST PROVIDE NAME OF CELL PHONE CARRIER</p>			
<p>Please forward on call schedule to answering service by 2:00pm via fax or by calling answering service phone number. Monthly on call schedules are preferred.</p>			
<p>Please circle all hospitals patients are to be referred to for emergency treatment –</p> <p>St John Tulsa St John Owasso St John Broken Arrow Hillcrest Hillcrest South OSU Medical Center St Francis</p> <p>Other _____</p>			

BACK-UP PHYSICIAN

A back-up physician is contacted only when the service is unable to confirm an emergency call has not been answered by the on call physician.

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CLIENTS SIGNATURE	DATE
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INFORMATION ENTERED BY (FOR SJMC USE ONLY)	DATE
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