

**Emergency Department Visit  
Continuity and Coordination Report**



**Today's Date** \_\_\_\_\_

**Re: Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Emergency Department Visit Date:** \_\_\_\_\_

**Dx:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(Primary Care/Referring Physician)

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_ **Fax** \_\_\_\_\_

Your patient was seen in this Emergency Department (ED) on the above date for an asthma-related condition. This information is being sent to you for your review and inclusion in the patient's medical record.

The treatment plan and discharging instructions were or  attached:

Comments: \_\_\_\_\_

During the examination, your patient was reminded to follow up with their primary care physician or specialist within 14 days of this ED visit for further management of their Asthma.

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
(Examining Provider Signature)

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CC: \_\_\_\_\_

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