



### TELEPHONE TREATMENT/ADVICE VERIFICATION

>> VOT forms are ONLY available FOR PICK-UP during regular business hours (Mon-Fri)

**AACC RN SECTION:** Advice nurse must complete all questions in this RN section and \*sign below.

MRN: #07897964 Member Name: Anderson, Tiffany  
Date: July 22, 2011 PCP/NP/Unempaneled: Dr. Jasti  
Department: Medicine Facility: Stockton

Member wants to pick up at alternate location: Dept: \_\_\_\_\_ Facility: \_\_\_\_\_

**THE ABOVE NAMED PERSON:**

- Has been given telephone advice on: Date: July 22 '11 Time: 8:10 AM
- States that he/she has been ill and unable to attend work/school from 07/22/11 through 07/22/11 (Not to exceed 3 days)

**RN COMPLETE ONLY** if member requests that the Chief Complaint is needed on the VOT. Nurse may complete with member's permission if employer requires reason for absence. Please list chief complaint using member's words and not name of protocol used (e.g., "stomach pains" instead of abdominal pain protocol). Member must go to facility to sign form.

- Gave Advice Related to Chief Complaint of: \* HIPPA \*  
(RN Complete on member request only, requires member signature prior to distribution)

\*RN SIGNATURE & TITLE: Patricia Eichele-Litts RN DATE: 07/22/11  
\*RN NAME (PRINTED) Patricia Eichele-Litts RN LOCATION: Sacramento

**MEMBER SECTION:** To be signed by member if Chief Complaint filled out in RN Section above or TST Section below.

I hereby authorize the Kaiser Permanente Medical Care Program to verify to my employer/school, upon request, the information contained in this form.

SIGNATURE (of Member or Responsible Person): \_\_\_\_\_  
RELATIONSHIP TO MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**AACC CLERK SECTION:** Clerk to complete all information in this Clerk Section.

Station: F Fax #: \_\_\_\_\_

**FACILITY SECTION:**

1. If there is no chief complaint listed in RN Section, please keep in "will call" and give faxed form to member upon arrival.
2. If Chief Complaint not listed in RN Section, but Member requests; TST to list here: \_\_\_\_\_
3. If Chief Complaint listed in RN Section or TST Section, please have member sign in Member Section above and provide Member with copy.