



san marcos treatment center

# PATIENT TELEPHONE CALL LIST

*Copy to be kept in Nursing station and in Patient Chart*

*\*add more pages if necessary*

PATIENT NAME	UNIT	MR#

APPROVED CALLERS (IN)	RELATIONSHIP	PHONE NUMBER	FREQUENCY / SCHEDULE

APPROVED CALLERS (OUT)	RELATIONSHIP	PHONE NUMBER	FREQUENCY / SCHEDULE

**SIBLING CONTACT** *(List all siblings and location and clearly identify any who are and are not approved for contact w/patient).*

PATIENT HAS NO REPORTED SIBLINGS

Sibling Name	Relationship	Address	City/State	Telephone #	Approved for Contact?	
					Yes	No

**Explain any restricted contact**

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date