## Instructions

To create an Epic Template, click the Epic logo in the top left of the screen and then click “My SmartPhrases”.

Then click New and name is WELLNESSPHONE or WELLPHONE. When you are done, you can type .wellphone (not the dot at the start) in a note window and the template will appear. You can make any needed changes as you type, you should make notes of the content of your discussion in the appropriate area and in the format your attending wants. As these are wellness calls, and not medical evaluations, a formal medical template is not required, but be thorough nevertheless.

For the questions, if keeping the format below, delete any questions you did not ask and add notes to any question you did ask where the \*\*\* is. Note, it is possible to replace this list with a smart list, just make a custom smart list with these items and add it to the template instead.

Edit your name and year in the signature line (make sure you state you are a medical student) and paste the following in the resulting window. Once you are done click Accept.

## Template

**Medical Student Wellness Check Phone Call**

Spoke with @name@, a @age@ @sex@, for approximately **{Time; 2 min to 1 hr:42317}** about **XX** and their current preparations for the COVID-19 shelter in place precautions.

Verified name and date of birth in accordance with according to HIPAA guidelines to ensure proper patient privacy and security.

Discussion

\*\*\*

Recommended continued social isolation and gave instructions to contact the clinic immediately via phone if they develop any new fever (over 101), shortness of breath, cough, malaise or any other concerning medical symptoms or any new/worsening anxiety or depression.

COVID-19 Related Questions Asked

Asked the following questions:

How are you feeling today and over the last few days? \*\*\*

As this is a challenging time for everyone right now, how are you feeling emotionally? \*\*\*

What have you been thinking about COVID and your situation? \*\*\*

Do you have enough of your medications, and do you anticipate refill needs in the next 2 weeks? \*\*\*

Do you have enough food at home and are you able to get groceries or meals safely right now? \*\*\*

If you have caregivers, are they still coming to see you, or are you worried about not having enough help? \*\*\*

Do you have all of your medical supplies (incontinence supplies, oxygen, wound supplies)? \*\*\*

How have you been spending your time? \*\*\*

What are your coping/self-care techniques? \*\*\*

Are there any things we need to let your provider know today? \*\*\*

Screening

GAD-7 Anxiety Score (<https://www.mdcalc.com/gad-7-general-anxiety-disorder-7>): \*\*\*

PHQ-9 Depression Score (<https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>): \*\*\*

K10 psychological distress screen (<https://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf>)

<Your Name>, <School Year, e.g. MS2>

Medical Student

Stanford School of Medicine