**MGH SOCIAL SERVICE ON-CALL / ON-SITE LOG:****Check One:**  **On-Call**  **On-Site**

A separate log must be submitted for each 24-hour period on-call or on-site, even if no work is done. Weekday logs must be submitted by Friday 9 AM, weekend by Monday 9 AM.

**Social Worker** **Date** **Petty Cash / Meal Tickets Used:**

**Time Spent in Hospital** **Time in:****Time Out:** **# of Times in Hospital**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time of call** | **Time Spent On Case** | **Phone Call Only**  **(Y/N)**  **On-Call Only** | **Referring Person** | **MRN** | **Patient Location/ Clinical Service** | **Issues / Disposition**  **(Include name of worker if case referred)** | **Issue Code** |
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**Notes**:

**\*Issue Codes:**

1. Accommodations
2. Child abuse/neglect
3. Clothing
4. Death / dying
5. Discharge
6. Domestic violence
7. Elder/Disabled/Facility abuse/neglect
8. Emotional support
9. Homelessness
10. Medications
11. Obstetrics
12. Referrals
13. Resource
14. Substance Use Disorders
15. Transportation
16. Trauma
17. Other