Intake protocol — 34 reasons written down

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Built by reading 18,400 requests · fictional document

Fictional document — demonstration example

This document is produced by the Blue Lemon Agent website to illustrate what an AI agent hands to its users. The companies, matters, amounts and people in it are invented. It has no legal, accounting or commercial value.

Fictional document, produced for the demonstration. **The intake protocol is written by the practitioners, not by the agent.** This document sets down a practice that was already consistent: every line can be checked against requests the centre actually handled. *The intake protocol ties a reason stated by a patient to a practitioner, a type of consultation and a timeframe. It is administrative, never clinical.*

What reading three years of requests showed

Measured finding	Value	What it changes
Requests read	18,400	Three full years, every channel
Reasons receiving a consistent referral	**34 out of 40**	**A practice already stable — it simply was not written anywhere**
Reasons receiving two referrals depending on the person	**6 out of 40**	**31 % of requests — this is where equal treatment is decided**

Measured finding	Value	What it changes
Practitioners covered	11	5 GPs, 2 midwives, 2 physiotherapists, 2 nurses
Types of consultation	4	Short, long, follow-up, first visit
Timeframes provided for	3	Within 48 h, within 15 days, on a scheduled slot

What every line of the protocol carries

Heading	Content	Why it is needed
Reason as stated	The wordings patients actually use, not clinical vocabulary	**No patient says “lumbago” on the phone**
Information to gather	Between 5 and 9 fields depending on the reason	Avoids a call-back for one missing detail
Practitioner attached	Named, with the stand-in rule for absences	**The fallback is written in advance, not improvised**
Type of consultation	One of the four	Sets the duration reserved in the diary
Timeframe	One of the three	It is the commitment made to the patient
What takes a request out of the circuit	**The conditions that send it to the front desk or to a practitioner**	**Writing the exit down avoids having to invent it**

Three lines, by way of example

Reason as stated	Information gathered	Referral attached	Exit provided for

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“I'd like to renew my prescription”	6 fields, including **“has your treatment changed?”**	Registered GP · short consultation · within 15 days	**If the treatment has changed → long consultation**
“I need a medical certificate for sport”	5 fields, including age and discipline	Registered GP · short consultation · scheduled slot	Patient unknown → front desk
“I'm having my pregnancy followed here”	7 fields, including term and current follow-up	Referring midwife · follow-up · within 15 days	**Any clinical mention → practitioner, immediately**

The six questions handed back to the lead physician

Reason	Referral A	Referral B	Three-year count
Repeat prescription	Registered GP, short consultation	Registered GP, long consultation	**1,940 / 812**
Long-standing pain already in the record	Registered GP	Physiotherapist first	610 / 388
Contraception follow-up	Midwife	Registered GP	441 / 297
Dressings and routine nursing care	Nurse	Registered GP then nurse	377 / 130
Certificate after a long absence	Short consultation	Long consultation	218 / 176
Request from a retiring colleague's patient	First visit	Front desk, outside the circuit	204 / 151

> **These six questions are not settled by the agent, and will not be.** They are presented with their counts and the waiting-time cost of each option; **the lead**

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physician decides, the agent applies. While a question stays open, the reason concerned goes to the front desk with a note that the protocol does not cover it.

For the centre to set

Order in which the lead physician will take the six questions: _____

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