

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	LOG NUMBER	TREATMENT FACILITY
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION	ARRIVAL
STREET ADDRESS	DATE (Day, Month, Year) TIME

CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY
SEX	DUTY/LOCAL PHONE	MILITARY STATUS	THIRD PARTY INSURANCE
	AREA CODE NUMBER	ITEM YES NO N/A	ITEM YES NO
AGE	HOME PHONE	FLYING STATUS	ADDITIONAL INSURANCE
	AREA CODE NUMBER	MEDICAL HISTORY OBTAINED FROM	DD 2568 IN CHART
			NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS	EMERGENCY ROOM VISIT
	ITEM YES NO WHEN (Date)	DATE LAST VISIT 24 HOUR RETURN
	IS THIS AN INJURY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ALLERGIES	INJURY/SAFETY FORMS HOW	TETANUS
		DATE LAST SHOT COMPLETED INITIAL SERIES
		<input type="checkbox"/> YES <input type="checkbox"/> NO
CHIEF COMPLAINT		

CATEGORY OF TREATMENT	VITAL SIGNS
<input type="checkbox"/> EMERGENT	TIME
<input type="checkbox"/> URGENT	BP
<input type="checkbox"/> NON-URGENT	PULSE
	INITIALS
	RESP
	TEMP
	WT

LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH	CHEM:	ACUTE ABDOMEN		LS SPINE	
	BLOOD C&S X			SINUS		HEAD CT	
				ANKLE R/L			

ORDERS					
<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR	<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE

DISPOSITION	DISPOSITION QUARTERS /OFF DUTY	PATIENT/DISCHARGE INSTRUCTIONS
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.	
MODIFIED DUTY UNTIL	RETURN TO DUTY	
CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED TO WHEN
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED	TIME OF RELEASE	I have received and understand these instructions.
<input type="checkbox"/> DETERIORATED		PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
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TEST RESULTS											
CBC	WBC	SMAC					ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
	H/H						SUP O2	PH	P02	RESULTS	
	PLT						PCO2	SAT	OTHER	EKG INTERPRETATION	
PT	U/A	DIP									
APTT		BHCG	ETOH	GLU	MICRO						

PROVIDER HISTORY/PHYSICAL

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
			CODES

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EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
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