

SCREENING NOTE OF ACUTE MEDICAL CARE

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

TIME PATIENT DEPARTS UNIT <i>(From DD Form 689)</i>		SCREENER LOCATION		
		TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES
DATE (YYYYMMDD)	SCREENER LOCATION	CHIEF COMPLAINT		DURATION
PATIENT RESIDENCE <input type="checkbox"/> BARRACKS <input type="checkbox"/> POST HOUSING <input type="checkbox"/> OFF POST <input type="checkbox"/> TRANSIENT		VITAL SIGNS TEMPERATURE _____ ALLERGIES _____ PULSE _____ BP _____ RESP _____		
FIRST VISIT FOR THIS COMPLAINT <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ALGORITHM/CODE		ALGORITHM/CODE		
ALGORITHM SUMMARY		ALGORITHM SUMMARY		
COMMENTS <i>(Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions)</i>				
PATIENT'S IDENTIFICATION <i>(Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)</i>		FINAL DISPOSITION <input type="checkbox"/> I - PHYSICIAN STAT <input type="checkbox"/> IV - SELF CARE PROTOCOL <input type="checkbox"/> II - PA STAT <input type="checkbox"/> V - HOSP CLINIC REFERRAL <input type="checkbox"/> III - PA		
		AIDMAN'S SIGNATURE & CODE	AUDITOR'S INITIALS & DATE (YYYYMMDD)	

