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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	SCREENER LOCATION	CHIEF COMPLAINT		DURATION
PATIENT RESIDENCE () BARRACKS () POST HOUSING () OFF POST () TRANSIENT		VITAL SIGNS TEMPERATURE _____ ALLERGIES _____ PULSE _____ BP _____ RESP _____		
FIRST VISIT FOR THIS COMPLAINT () YES () NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER? () YES () NO				

ALGORITHM/CODE	ALGORITHM/CODE
ALGORITHM SUMMARY	ALGORITHM SUMMARY

COMMENTS *(Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions)*

PATIENT'S IDENTIFICATION *(Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)*

FINAL DISPOSITION

- () I - PHYSICIAN STAT () IV - SELF CARE PROTOCOL
() II - PA STAT () V - HOSP CLINIC REFERRAL
() III - PA

AIDMAN'S SIGNATURE & CODE

AUDITOR'S INITIALS & DATE

