Assisted Living Discuster Strek Facility # 2

ATTACHMENT A: PATIENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Patient MR # or Tracking #	Date of Birth	of Patient Se		Time Left Bldg.	Name, Type of and # Transport (State if applicable)			Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code	PCP Notified Name, Phone Number, Date & Time	Time Arrived Stop- over / Time Left	Time/ Date Arrived at Patient Accepting Facility
11	7/7/45	ALResidut 1	M	9:30Au	MAP	7	4	Cane	Y N Danguer 9:15 Am	YN	A L	
12	"/19/39	AL Resident	M	9:30Au	D	4	4	Cane	V Porgher		A L	
13	"/2/50	AL Resident 3	M	9:30 Au	#2	4	4	halker	V Pill Au	-	A L	
14	8/24/49	ACRESIDATY	F	9:30Au		4	4	NONE	V 9:15 Am		A L	
15	8/20/38	AL Resident 5	M	9:30A	he	4	4	Walker	Parghter 9115 Am		A L	
16	10/31/61	ACRESIDENT 6	M	9:30A	n	4	4	Walker	Parthte 9:15 Am		A L	_
17		AL Resident			,	4	4	Cane	Paylite 9:10 Am	7	A L	
18	5/14/34	AL Residuat 8	F	9130A	n	Y	4	Cane	Jon 9115- Am		A L	
19	3/1/5	AL Residut 9	F	9:30AX	1	Y	4	Name	9:15 Am		A L	
20	10/17/36	ALREADUIT	5 5	9:30 Au	n V	4	4	Weller	V 9:15/m		A L	

Disaster Struck Facility: Keep One Copy / □ FAX 1 copy to RCC / □ FAX 1 copy to Receiving Facility / □ GIVE 1 copy to Transporters

Patient Accepting Facility: Have you communicated to RCC or Disaster Struck Facility that you received these residents? □ YES / □ NO

Patient Accepting Facility: Print Name of Key Contact / Phone # / Fax:

FACILITY NAME OSF #2 PHONE	<u>Document all care</u> provided to Resident
RESIDENT'S NAME ALRESTED DOB 7/7/1945	DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLY ABLE TO COMMUNICATE (V) N	and/or concerns in the
FAMILY CONTACT Daguter PHONE	space below
COPO, CHE, HTW	
TREATMENTS: LARZ APA LUTINOPULI XOPONET	
ALLERGIES: NROA	
FACILITY PHARMACY: PHONE:	
DNR ORDER: Y (N) Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y / N) Alert Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □	
ADL'S / APPLIANCES Independent Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L'R Dentures □ L Contact Lens□	
DIET Diabetic □ Last Insulin Last Meal Kosher □	
Thickened Liquids Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed □ Type Rate	
TRANSFERS Independent □ Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independent Supervision □ Partial Assist of 1 2 Total □	· · · · · · · · · · · · · · · · · · ·
EQUIPMENT: None □ Cane ☑ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O₂Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY: RAF- AC	
PHONE #CONTACT	

FACILITY NAME OFF# > PHONE	Document all care
RESIDENT'S NAME AL REFICLET 2 DOB 11/19/1939	provided to Resident DURING TRANSFER
LANGUAGE(s) SPOKEN English ABLE TO COMMUNICATE Y	and/or concerns in the
FAMILY CONTACT Day Uter PHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
TREATMENTS: ASA, Jemas Loponex	
ALLERGIES:	
FACILITY PHARMACY: PHONE:	
DNR ORDER: Y (N) Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y / N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK	
None Wanders □ Verbally Aggressive □ Physically Aggressive □	
Severe Behaviors Elopement/ Flight Risk Risk for Falls	
ADL'S / APPLIANCES Independent Supervision □ Partial Assist □ Total Assist □	
Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses ☑ Deaf □ Hearing Aid L / R Dentures (Û/L) Contact Lens□	
Diabetic	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed □ Type Rate	
TRANSFERS	
Independent ☑ Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY	
Independent ☑ Supervision □ Partial Assist of 1 2 Total □	
EQUIPMENT: None □ Cane ☑ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	1
IV □ Access Type Infectious Disease □ Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY: RAF-AL	
PHONE #CONTACT	

RESIDENT'S NAME AL Resident 3 DOB 11/2/1950	Document all care provided to Resident DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLY ABLE TO COMMUNICATE Y/N	and/or concerns in the
FAMILY CONTACT Day Her PHONE	space below
Dementia, Anemia, Pace naker	
TREATMENTS: Jenna Tim	
ALLERGIES: Peants	
FACILITY PHARMACY: Omn come PHONE:	
DNR ORDER: Y / N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia Y / N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None Wanders Verbally Aggressive Physically Aggressive Severe Behaviors Elopement/ Flight Risk Risk for Falls	
ADL'S / APPLIANCES Independent	
Diabetic □ Last Insulin Last Meal Kosher □	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	<u> </u>
Tube Feed TypeRate	
TRANSFERS Independent Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independent □ Supervision Partial Assist of 1 2 Total □	
EQUIPMENT: None	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	V. V.
IV □ Access Type Infectious Disease □ Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN)
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY: RAF-AC	
PHONE #CONTACT	
	·

FACILITY NAME PHONE	Document all care
RESIDENT'S NAME AL RESIDENTY DOB 8/24/1949	provided to Resident DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLISH ABLE TO COMMUNICATE Y N	and/or concerns in the
FAMILY CONTACT PHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
HTW, TODA CHE	
TREATMENTS: Anlo pidme, Lasox Colace Turila	
ALLERGIES: NK OF	
A	
FACILITY PHARMACY: PHONE:	
DNR ORDER: Y / N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y / N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None Wanders Verbally Aggressive Physically Aggressive Severe Behaviors Elopement/ Flight Risk Risk For Falls	
ADL'S / APPLIANCES	
Independent ☐ Supervision ☐ Partial Assist ☐ Total Assist ☐ Continent ☑ Incontinent Bladder ☐ Incontinent Bowel ☐ Catheter/ Ostomy ☐ Blind ☐ Glasses ☐ Deaf ☐ Hearing Aid LVR Dentures U/L Contact Lens☐	
Diabetic Last Insulin Last Meal Kosher □	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed TypeRate	
TRANSFERS Independent ☑ Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY	
Independent Supervision □ Partial Assist of 1 2 Total □	
EQUIPMENT: None ☑ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV ☐ Access Type Infectious Disease ☐ Type C-Dif ☐	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O₂Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
RESIDENT ACCEPTING FACILITY: RAF-AC	
PHONE #CONTACT	

FACILITY NAME PHONE	Document all care
RESIDENT'S NAME ACRESIGNETS DOB 8/20/1938	provided to Resident DURING TRANSFER
LANGUAGE(s) SPOKEN English ABLE TO COMMUNICATE Y	and/or concerns in the
FAMILY CONTACT Day Life PHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
S/p Am Replace ment	an a
TREATMENTS: Colace Ambrey Motoria	
ALLERGIES: NKOA	
O and the self	A STATE OF THE STA
FACILITY PHARMACY: PHONE:	The second secon
DNR ORDER: Y N Other No Hospitalization (attach MOLST Form)	(11) (11) (11) (11)
MENTAL STATUS (Dementia: Y (N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None ■ Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □	
ADL'S / APPLIANCES Independent □ Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L / R Dentures □ L Contact Lens□	
DIET Diabetic □ Last Insulin Last Meal Kosher □	1 10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
-	
Thickened Liquids Consistency:	<u> </u>
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed Type Rate	
TRANSFERS Independent Supervision □ Partial Assist of 1 2 Mechanical □ Total □	A Company of the Comp
MOBILITY Independent Supervision □ Partial Assist of 1 2 Total □	
EQUIPMENT: None □ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type Infectious Disease □ Type C-Dif □	the control of the co
Ventilator □ Trach □ Speaking Valve□ Dialysis □	A CONTRACTOR OF THE CONTRACTOR
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN	And the second of the second o
Restraint: Type When Last Released	·
OTHER:	:
RESIDENT ACCEPTING FACILITY:	
PHONE #CONTACT	

RESIDENT'S NAME AL RESIDENT 6 DOB 10 31 1861 LANGUAGE(S) SPOKEN Fig 47 2 ABLE TO COMMUNICATE V) N	Document all care provided to Resident DURING TRANSFER and/or concerns in the
FAMILY CONTACT Daighta PHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
TREATMENTS: ASA LERZ Ropedal	
ALLERGIES: PEW	
FACILITY PHARMACY: MINTEAN PHONE:	
DNR ORDER Y N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia Y N) Alert □ Lethargic □ Oriented □ Confused: Mildly A Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None □ Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □	
ADL'S / APPLIANCES Independent D Supervision □ Partial Assist □ Total Assist □ Continent D Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid □ R Dentures □ L Contact Lens□	
DIET Diabetic □ Last Insulin Last Meal Kosher □	
Thickened Liquids Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed TypeRate	
TRANSFERS Independen Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independen	
EQUIPMENT: None □ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type Infectious Disease □ Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY:	
PHONE #CONTACT	

FACILITY NAME DIF #2 PHONE	Document all care
RESIDENT'S NAME AL ROS. dot 7 DOB 11/20/1936	provided to Resident DURING TRANSFER
LANGUAGE(s) SPOKEN Englith ABLE TO COMMUNICATE IN	and/or concerns in the
FAMILY CONTACT Dang htu PHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
EDDM, HTM, CUA, Serewes	
TREATMENTS: Clarty Drazepan Enrich	
ALLERGIES: NKDA	
Daniel Vanel	1
FACILITY PHARMACY: PHONE:	
DNR ORDER: Y N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y N) Alert ► Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None Wanders Verbally Aggressive Physically Aggressive Severe Behaviors Elopement/ Flight Risk Risk for Falls	
ADL'S / APPLIANCES	
Independent Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L / R Dentures U / L Contact Lens□	
Diabetic Last Insulin Last Meal 88 Kosher □	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed TypeRate	
TRANSFERS Independent □ Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY	
Independent □ Supervision □ Partial Assist of 1 2 Total □	
EQUIPMENT: None □ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT IV □ Access Type	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction How Often Seizure Precautions	
O ₂ Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY: RAF-AL	
PHONE #CONTACT	
THORE #	

FACILITY NAME DSF # 2 PHONE	<u>Document all care</u> provided to Resident
RESIDENT'S NAME ACRESIDAT DOB 5/14/1934	DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLISH ABLE TO COMMUNICATE Y N	and/or concerns in the
FAMILY CONTACTPHONE	space below
RE, ZOPM, CHE HTW Dray ST	
TREATMENTS: EINSTING Kt, Metternin, Lasoz, ASA	
ALLERGIES:	
FACILITY PHARMACY: OMNEWE PHONE:	
DNR ORDER: Y N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y (N) Alert	
BEHAVIOR PROBLEMS / SAFETY RISK None Wanders Verbally Aggressive Physically Aggressive Severe Behaviors Elopement/ Flight Risk Risk for Falls	
ADL'S / APPLIANCES Independent □ Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L / R Dentures U / L Contact Lens □	
Diabetic	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed TypeRate	
TRANSFERS Independent Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independent Supervision □ Partial Assist of 1 2 Total □	
EQUIPMENT: None □ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □ 1 (TH (Sa	
Suction ☐ How Often Seizure Precautions ☐	
O₂ Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY: RAP-AC	
PHONE #CONTACT	
	1

RESIDENT'S NAME AC RESIDENT'S NAME AC RESIDENT'S NAME AC RESIDENT 9 DOB 3/1/7955	Document all care provided to Resident
RESIDENT'S NAME TO RESIDENT	DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLY ABLE TO COMMUNICATE Y N	and/or concerns in the
FAMILY CONTACTPHONE	space below
TOOM Cherry Did Arthury A-Rib	
TREATMENTS: Prednisono, lastis Comedia	
ALLERGIES:NUOWY	
FACILITY PHARMACY: MWClive PHONE:	
DNR ORDER: Y N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Dementia: Y / N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
/ BEHAVIOR PROBLEMS / SAFETY RISK None □ Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □	
ADL'S / APPLIANCES Independent Supervision □ Partial Assist □ Total Assist □ Continent Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L R Dentures □ L Contact Lens□	
Diabetic Last Insulin Last Meal Kosher □	
Thickened Liquids Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed □ Type Rate	
TRANSFERS Independent □ Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independent Supervision □ Partial Assist of 1 2 Total □	·
EQUIPMENT: None ☑ Cane □ Walker □ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type Infectious Disease □ Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN	
Restraint: Type When Last Released	
OTHER:	
RESIDENT ACCEPTING FACILITY:	
PHONE #CONTACT	

FACILITY NAME DSF#2 PHONE	Document all care provided to Resident
RESIDENT'S NAMEAL RESIDENTED DOB 16/17/1930	DURING TRANSFER
LANGUAGE(s) SPOKEN ENGLY WILL ABLE TO COMMUNICATE VIN	and/or concerns in the
FAMILY CONTACTPHONE	space below
CRITICAL DIAGNOSIS AND CRITICAL MEDICATIONS:	
TREATMENTS: Risperdal Coloce Juthroid	
ALLERGIES: WKOA	
1	
FACILITY PHARMACY: WWITE PHONE:	
DNR ORDER: Y N Other No Hospitalization (attach MOLST Form)	
MENTAL STATUS (Demential Y N) Alert □ Lethargic □ Oriented □ Confused: Mildly □ Severely □	
BEHAVIOR PROBLEMS / SAFETY RISK None □ Wanders □ Verbally Aggressive □ Physically Aggressive □ Severe Behaviors □ Elopement/ Flight Risk □ Risk for Falls □	
ADL'S / APPLIANCES Independent ☑ Supervision □ Partial Assist □ Total Assist □ Continent □ Incontinent Bladder □ Incontinent Bowel □ Catheter/ Ostomy □ Blind □ Glasses □ Deaf □ Hearing Aid L / R Dentures U / L Contact Lens□	
DIET Diabetic □ Last Insulin Last Meal Kosher □	
Thickened Liquids □ Consistency:	
NPO □ Aspiration Precautions □ Modified Diet	
Tube Feed □ Type Rate	
TRANSFERS Independent Supervision □ Partial Assist of 1 2 Mechanical □ Total □	
MOBILITY Independent	
EQUIPMENT: None □ Cane □ Walker ₩ Wheelchair □	
SPECIAL PRECAUTIONS / PROCEDURES / EQUIPMENT	
IV □ Access Type Infectious Disease □ Type C-Dif □	
Ventilator □ Trach □ Speaking Valve□ Dialysis □	
Suction ☐ How Often Seizure Precautions ☐	
O ₂ Rate Mask Cannula Continuous PRN	<u> </u>
Restraint: Type When Last Released	· · · · · · · · · · · · · · · · · · ·
OTHER:	
RESIDENT ACCEPTING FACILITY: KHF - HC	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
PHONE #CONTACT	

ATTACHMENT C: INFLUX OF PATIENTS LOG

(Accounting for Incoming Patients and Equipment)

Make additional copies prior to use

1. FACILITY NAME				2. DATE/TIME PREPARED				3. INCIDENT DESCRIPTION							
4. TRI	AGE AREA (for ent	ry into the fac	ility)												
Arrival Time	Facility MRN# / Received From Triage # Pt Name (Last, First)		Age		Original Chart Received W/ Resident (Y) (N) (Y) (N)	Equipment Received	Family Notified: Name, Date, Time, Phone Number w/ Area Code			PCP Notified: Name, Date, Time, Phone Number w/ Area Code			Time Left Triage/ Destination		
									Y	N		Y	<u>N</u>		
						-									
5. SUBMITTED BY				6.	PHONE N	UMBER	7. DAT	E/TIME SUBM	ITTE	D					

ATTACHMENT C: INFLUX OF PATIENTS LOG

(Accounting for Incoming Patients and Equipment)

Make additional copies prior to use

1. FACILITY NAME					DATE/TIM	3. INCIDENT DESCRIPTION									
4. TRI	AGE AREA (for ent	try into the fac	cility)				- 3 -								
Arrival Time	Facility Received From	MRN# / Triage #	Pt Name (Last, First)	Sex	DOB/ Age	Original Chart Received w/ Resident (Y) (N)	w/	Received	Family Notified: Name, Date, Time, Phone Number w/ Area Code			PCP Notified: Name, Date, Time, Phone Number w/ Area Code			Time Left Triage/ Destination
-									Y	<u>N</u>	,	Y	<u>N</u>		
			,		-										
									7.						
-				-	-										
				6.			7. DAT								
5. SUBMITTED BY					PHONE NU	E/TIME SUBMITTED									