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| **Part I:****VISIT INFORMATION** | Name of Facility | City | State | Date of Visit / / | Time of VisitAMPM |
| **Part II:****PATIENT INFORMATION** | Unique Identifier/Medical Record Number | Age [ ]  <1yrs yrs | Gender[ ]  Male[ ]  Female | Pregnant[ ]  Yes[ ]  No/NA | If yes, due date / / |
| Race/Ethnicity [ ]  White [ ]  Black/African American [ ]  Hispanic or Latino [ ]  Asian [ ]  Unknown |
| Did reason for visit occur as a result of work (paid or volunteer) involving disaster response or rebuilding efforts? [ ]  Yes [ ]  No/NA If Yes, occupation/response role Activity at time of injury/illness  |
| **Part III: REASON FOR VISIT (Please check all categories related to patient’s current reason for seeking care)** |
| **TYPE OF INJURY**[ ]  Abrasion, laceration, cut [ ]  Avulsion, amputation [ ]  Concussion, head injury[ ]  Fracture[ ]  Sprain/strain**MECHANISM OF INJURY**[ ]  Bite/sting, *specify*: [ ]  Insect  [ ]  Snake [ ]  Other *specify \_\_\_\_\_\_\_\_\_\_\_\_\_*  [ ]  Burn, *specify*: [ ]  Chemical [ ]  Fire, hot object or substance [ ]  Sun exposure[ ]  Cold/heat exposure, *specify*: [ ]  Cold (e.g., hypothermia) [ ]  Heat (e.g., stress, hyperthermia)[ ]  Electric shock[ ]  Fall, slip, trip, *specify*: [ ]  From height [ ]  Same level[ ]  Foreign body (e.g., glass shard)[ ]  Hit by or against an object [ ]  Motor vehicle crash, *specify:*[ ]  Driver/occupant[ ]  Pedestrian/bicyclist[ ]  Non-fatal drowning, submersion[ ]  Poisoning, *specify:* [ ]  Carbon monoxide exposure [ ]  Inhalation of fumes, dust, other gas [ ]  Ingestion *specify \_\_\_\_\_\_\_\_\_\_\_\_\_* [ ]  Use of machinery, tools, or equipment[ ]  Violence/assault, *specify:* [ ]  Self-inflicted injury/suicide attempt [ ]  Sexual assault [ ]  Other assault *specify \_\_\_\_\_\_\_\_\_\_*  | **ACUTE ILLNESS/SYMPTOMS**[ ]  Conjunctivitis/eye irritation[ ]  Dehydration[ ]  Dermatologic/skin, *specify:* [ ]  Rash [ ]  Infection [ ]  Infestation (e.g., lice, scabies)[ ]  Fever (≥100°F or 37.8°C)[ ]  Gastrointestinal, *specify:* [ ]  Diarrhea  [ ]  Bloody [ ]  Watery [ ]  Nausea or vomiting[ ]  Jaundice[ ]  Meningitis/encephalitis[ ]  Neurological (e.g., altered mental status, confused/disoriented, syncope)[ ]  Obstetrics/Gynecology, *specify*: [ ]  GYN condition not associated with pregnancy or post-partum  [ ]  In labor [ ]  Pregnancy complication (e.g., bleeding, fluid leakage) [ ]  Routine pregnancy check-up[ ]  Pain, *specify:* [ ]  Abdominal pain or stomachache [ ]  Chest pain, angina, cardiac arrest [ ]  Ear pain or earache [ ]  Headache or migraine [ ]  Muscle or joint pain (e.g., back, hip) [ ]  Oral/dental pain[ ]  Respiratory, *specify:* [ ]  Congestion, runny nose, sinusitis [ ]  Cough, *specify:* [ ]  Dry [ ]  Productive [ ]  With blood [ ]  Pneumonia, suspected [ ]  Shortness of breath/difficulty breathing [ ]  Wheezing in chest[ ]  Sore throat | **EXACERBATION OF CHRONIC DISEASE**[ ]  Cardiovascular, *specify*: [ ]  Hypertension [ ]  Congestive heart failure[ ]  Diabetes[ ]  Immunocompromised (e.g., HIV, lupus)[ ]  Neurological, *specify*: [ ]  Seizure [ ]  Stroke [ ]  Respiratory, *specify*: [ ]  Asthma [ ]  COPD |
| **MENTAL HEALTH**[ ]  Agitated behavior (i.e. violent behavior/threatening violence)[ ]  Anxiety or stress[ ]  Depressed mood[ ]  Drug/alcohol intoxication or withdrawal[ ]  Previous mental health diagnosis (i.e. PTSD)[ ]  Psychotic symptoms (i.e. paranoia)[ ]  Suicidal thoughts or ideation |
| **ROUTINE/FOLLOW-UP**[ ]  Medication refill  If yes, how many medications? \_\_\_\_\_\_[ ]  Blood sugar check [ ]  Vaccination[ ]  Blood pressure check [ ]  Wound care |
| **OTHER** |
| **Part IV: DISPOSITION** |
| [ ]  Discharge to self care[ ]  Refer to other care (e.g., clinic or physician)[ ]  Admit/refer to hospital[ ]  Left before being seen[ ]  Deceased |
| [ ]  **Influenza-like-illness (ILI)** – Fever (temperature of 100°F [37.8°C] or greater) AND a cough *or* a sore throat in the absence of a KNOWN cause other than influenza |