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| **Part I:**  **VISIT INFORMATION** | Name of Facility | | City | | | State | | Date of Visit  / / | | | Time of Visit  AM  PM |
| **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 | | | | | | | | | | | |