

**PATIENT ID:**



| <b>INITIAL MEDSITREP</b><br>Patient Clinical Update |  |
|---|--|
| <b>Date</b>   |  |
| <b>Attending Physician</b>                          |  |
| <b>Originating Medical Facility</b>                 |  |
| <b>Admission Date</b>                               |  |

| <b>PATIENT GENERAL INFORMATION</b>        |                                |
|---|--------------------------------|
| <b>Allergies</b>                          |                                |
| <b>Relevant past medical history</b>      |                                |
| <b>Medication prior to injury/illness</b> |                                |
| <b>Diet</b>                               |                                |
| <b>Life habits regarding</b>              | Tobacco:                       |
|   | Alcohol:                       |
| <b>Consent to release information</b>     | To required medical personnel: |
|   | To chain of command:           |
|   | NOK notification:              |
|   | Limitations of consent:        |

**PATIENT ID:**

| CLINICAL INFORMATION                    |  |
|---|--|
| Date of injury/illness                  |  |
| Description/Mechanism of Injury/Illness |  |
| Initial Injuries / Diagnosis            |  |
| Current Medications                     |  |
| Apparatus                               |  |

**PATIENT ID:**

|                             |  |
|-----------------------------|--|
| <b>Consultation Report</b>  |  |
| <b>Operative Procedures</b> |  |
| <b>Imaging and Dx Tests</b> |  |

**PATIENT ID:**

|                                     |  |
|-------------------------------------|--|
| <b>Labs/Hemodynamics</b>            |  |
| <b>Urine Analysis</b>               |  |
| <b>Mental Health Issues</b>         |  |
| <b>Infectious Disease Screening</b> |  |

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**DAILY UPDATES / PROGRESS NOTES (Reverse Order)**