

NON-HOSPITAL DISPOSITION CODES:

- 001 NURSING HOME
- 002 OTHER MEDICAL FACILITY
- 003 RESIDENCE
- 004 TREATED BY THIS UNIT, TRANSPORTED BY ANOTHER UNIT
- 005 REFUSED MEDICAL AID OR TRANSPORT
- 006 CALL CANCELLED
- 007 STANDBY ONLY (NO PATIENT)
- 008 NO PATIENT FOUND
- 010 OTHER

Hospital Receiving Agent

(IF REQUIRED) COMPLETE ON WHITE (AGENCY) COPY ONLY

SIGNATURE

REFUSAL OF TREATMENT/TRANSPORTATION

NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

RELEASE

EXONERACION DE RESPONSABILIDADES

COMPLETE ON WHITE (AGENCY) COPY ONLY

LENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

I hereby refuse (treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.
 Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mid deseos expresos.

Signed: _____
 Firma: _____

Witness: _____
 Testigo: _____

INSURANCE ID #

CARRIER

- 1 MEDICARE
- 2 MEDICAID
- 3 CROSS
- 4 COMMERCIAL
- 5 SELF PAY

INSURANCE CODE

WAS THIS A WORKER'S COMPENSATION INJURY: YES NO

PATIENT'S EMPLOYER: _____ PHONE () _____

EMPLOYER'S ADDRESS: _____

RESPONSIBLE PARTY: _____ PHONE () _____

ADDRESS: _____ (ZIP: _____) RELATION: _____

ICD DIAGNOSTIC CODE

Total GCS Score :3-15	
None	1
Obeyes Command	6
Localizes Pain	5
Withdraw (pain)	4
Flexion (pain)	3
Extension (pain)	2
None	1
Incomprehensible Sounds	2
Inappropriate Words	3
Confused	4
Oriented	5
None	1
To Pain	2
To Voice	3
Spontaneous	4

Glasgow Coma Scale

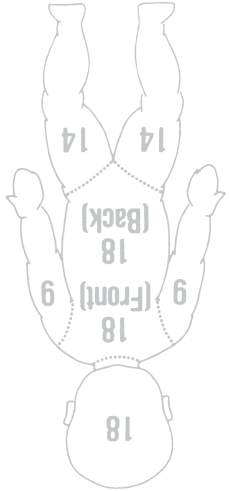
Eye Opening

Verbal Response

Motor Response

THE RULE OF NINES

Estimation of Burned Body Surface (PERCENT)



ADULT

