

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER		2. NAME (Last, First, MI)				3. GRADE	ADMISSION REMARKS
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP		12. SSN		13. ORGANIZATION		14. WARD	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA							
<input type="checkbox"/> Check if Continued on Reverse							
33. CAUSE OF INJURY							
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES							
35. Total Days This Facility							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	
36. Total Days All Facilities							
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS		d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS	
SIGNATURE OF ATTENDING MEDICAL OFFICER				SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER			

