TAB	TAB	TAB TAB
.,,=	- 1,72	.,,= .,,=

## **SCREENING NOTE OF ACUTE MEDICAL CARE**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

TIME PATIENT DEPARTS UNIT		SCREENER LOCATION			
(From DD Form 689)		TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES	
DATE	SCREENER L	LOCATION	CHIEF COMPLAINT	DURATION	
PATIENT RESIDENCE			VITAL SIGNS		
( ) BARRACKS	( )	POST HOUSING		ALLERGIES	
( ) OFF POST	(	) TRANSIENT		RESP	
FIRST VISIT FOR THIS (	COMPLAINT (	) YES ( ) NO IF NO, WAS RETU	JRN SCHEDULED/REQUESTED BY CARE PRO	OVIDER?	
(	ALGORITHI	M/CODE	ALGORITHM	M/CODE	
ALGORITHM SUMMARY			ALGORITHM SUMMARY	VI/CODE	
			7.200		
COMMENTS (Reasons for referi	ral, method of 1	referral, hospital appointments, self-care	protocols, and patient instructions/precautions)		
			• •		
DATIENTIO IDENTIFICATE	/II : :	7	Trinial piopogramos		
PATIENT'S IDENTIFICATION typed or written entries give: National N	(Use mechanic me. SSN. Unit.	cal imprint if available, for Sex. Birthdate and	FINAL DISPOSITION ( ) I - PHYSICIAN STAT ( ) IV - S	SELF CARE PROTOCOL	
Duty Phone)	, 221., 2,			- HOSP CLINIC REFERRAL	
			( ) III - PA	- HOSF CLINIC REFERENCE	
			( ) III - PA		
			AIDMAN'S SIGNATURE & CODE	AUDITOR'S INITIALS & DATE	
				DATE	

(Entries on this record sho	RECORD OF ACUTE Mould be restricted to further evaluation Time Patient Arrives	EDICAL CARE luation and treatment of comple	TAB
	TIME DATIENT ARRIVES		um (s) screenea)
ZND CARE LOCATION	TIME TATIENT ANNIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES
SIGNATURE OF HEATH CARE PROVIDER	SIGNATURE OF MEDIC	AL SUPERVISOR	AUDITOR'S INITIALS AND DATE

## **SPECIAL INSTRUCTIONS**

This form will be utilized in lieu of SF 600 (Health Record-Chronological Record of Medical Care) at the BAS level and above when care is initiated by an ADTMC screener. The record of acute, medical care will accompany the patient to the next level of care or remain in the BAS depending on disposition reached. This form will be filed in the HREC when evaluation and audit are completed.

REVERSE OF DA FORM 5181-R USAPPC V1.00