



**PATIENT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

MARS Line Notified:  Yes  No

**REFERRING CLINIC INFORMATION**

Referring Clinic: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Admission: \_\_\_\_\_

Admitting Provider: \_\_\_\_\_ Accepting Provider: \_\_\_\_\_

Admitting Unit:  Peds  Peds Stepdown  PICU  CICU  EMU  
 PICU Stepdown  Birthing Center

**REPORT**

Weight \_\_\_\_\_ Height \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ O2sat \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_

Allergies: \_\_\_\_\_ IV Access/Medical Device: \_\_\_\_\_

Labs: \_\_\_\_\_ Imaging/Testing: \_\_\_\_\_

Other Significant Exam Findings Reported by Provider: \_\_\_\_\_

Intervention Done:  Yes  No Treatment or Procedure Completed:  Yes  No

Transportation Arrangement:  Personal Vehicle  Ambulance

Patient Waiting:  Stay in Clinic  Leave to be Called Later

Time of Call \_\_\_\_\_ Wait Time: \_\_\_\_\_