



## OOJ Field Record

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OOJ State: \_\_\_\_\_ OOI County/Area: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
AKA \_\_\_\_\_ DOB \_\_\_\_\_

### Demographics

Birth gender: \_\_\_\_\_ Current gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

### Physical Description

Height \_\_\_\_\_ Size \_\_\_\_\_ Complexion \_\_\_\_\_ Hair \_\_\_\_\_  
Other: \_\_\_\_\_

### Address:

Street address: \_\_\_\_\_ Unit number \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Date Initiated: \_\_\_\_\_ Initiating Agency: \_\_\_\_\_

### Expo. Date

First: \_\_\_\_\_ Last: \_\_\_\_\_ Frequency: \_\_\_\_\_

Referral Basis: \_\_\_\_\_ Type Referral: \_\_\_\_\_

Contact to: \_\_\_\_\_ Record Number: \_\_\_\_\_

Co-morbidity? \_\_\_\_

	Date	Return Dispo:	Return Requested by
200 Dispo: _	_____	200 Dispo: _	Date:
300 Dispo: _	_____	300 Dispo: _	
700 Dispo: _	_____	700 Dispo: _	
900 Dispo: _	_____	900 Dispo: _	

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Labs

## Field Record

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AKA \_\_\_\_\_ DOB \_\_\_\_\_

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### Physical Description

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Other: \_\_\_\_\_

### Address:

Street address: \_\_\_\_\_ Unit number \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Record Number: \_\_\_\_\_



400 Shadow Lane #106

Las Vegas, NV 89106

Date: \_\_\_\_\_

**You must bring this letter with you to the Southern Nevada Health District.**

Name: \_\_\_\_\_

It is **urgent** that you report to the Southern Nevada Health District between 8:00am and 4:30pm, Monday through Friday, as soon as possible. This concerns your personal health and requires your immediate attention. If you have any questions, please call me at the number provided below.

Es **urgente** que usted venga al Distrito de la Salud de Nevada Sur entre las 8:00 a.m. y las 4:30 p.m., de Lunes a Viernes, tan pronto le sea posible. Esto se trata de su salud personal y requiere su atención inmediata. Si usted tiene alguna pregunta, favor de llamar a:

\_\_\_\_\_  
Health District Representative

(702) 759 \_\_\_\_

Phone Number

Note: \_\_\_\_ Ref.B: \_\_\_\_

Record Number: \_\_\_\_\_