



OOJ Field Record

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
200 Dispo: _	_____
300 Dispo: _	_____
700 Dispo: _	_____
900 Dispo: _	_____

Notes _____

Labs

Field Record

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 _____

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: _____