



5610 Rowland Road
Suite 130
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Tel (844) 666-3038
Fax (888) 511-5445
www.simplyhie.com

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FAX - Confidential Health Information Enclosed

TO: _____
FROM: _____

FAX: _____
PHONE: _____

DATE: _____

RE: _____

A new event has been logged to the Simply Connect system and you are
for this type of event.

Details:

Patient Info:

Patient Name:
Social Security Number:
Date of Birth:
Gender:
Marital Status:
Address:
Organization:

Event essentials:

Person Submitting Event:
Care Team Role:
Event Date and Time:
Event type:
Emergency Department Visit:
Overnight In-patient:



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TO: _____ FROM: _____

Event Description:

Location:

Injury:

Situation:

Background:

Assessment:

Follow Up Expected:

Follow Up Details:

Treating Physician Details:

Physician Name:

Address:

Phone:

Treating Hospital Details:

Hospital/Clinic:

Address:

Phone:

Responsible Manager Details:

Manager Name:

Phone:

Email:

Registered Nurse (RN) Details:

RN Name:

Address:

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