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 *(From DD Form 689)*	SCREENER LOCATION		
	TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES

DATE *(YYYYMMDD)*	SCREENER LOCATION	CHIEF COMPLAINT	DURATION

PATIENT RESIDENCE

( ) BARRACKS ( ) POST HOUSING

( ) OFF POST ( ) TRANSIENT

VITAL SIGNS

TEMPERATURE_____ ALLERGIES _____

PULSE_____ BP_____ RESP_____

FIRST VISIT FOR THIS COMPLAINT ( ) YES ( ) NO IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER?

( ) YES ( ) NO

ALGORITHM/CODE	ALGORITHM/CODE
ALGORITHM SUMMARY	ALGORITHM SUMMARY

COMMENTS *(Reasons for referral, method of referral, hospital appointments, self-care protocols, and patient instructions/precautions)*

PATIENT'S IDENTIFICATION *(Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)*

FINAL DISPOSITION

( ) I - PHYSICIAN STAT ( ) IV - SELF CARE PROTOCOL

( ) II - PA STAT ( ) V - HOSP CLINIC REFERRAL

( ) III - PA

AIDMAN'S SIGNATURE & CODE	AUDITOR'S INITIALS & DATE *(YYYYMMDD)*

RECORD OF ACUTE MEDICAL CARE

(Entries on this record should be restricted to further evaluation and treatment of complaint(s) screened)

DATE *(YYYYMMDD)*	2ND CARE LOCATION	TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES

SIGNATURE OF HEALTH CARE PROVIDER	SIGNATURE OF MEDICAL SUPERVISOR	AUDITOR'S INITIALS AND DATE *(YYYYMMDD)*

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.