|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Arrival Click here to enter a date. | | Time of Arrival Click here to enter a time. | | | | | | | Incident name Click here to enter text. | |
| Tracking number (assigned by initial health care facility) Click here to enter number | | | | | | | | | | |
| Patient’s Name (Last, First)  Click here to enter text. | | | | | | | | | Patient’s Phone  Click here to enter text. | |
| Patient’s Full Home Address  Click here to enter text. | | | | | | | | | | |
| (For Minors) Parent/Guardians’ Names Click here to enter text. | | | | | | | | | Presented with patient? Choose an item. | |
| Patient’s DOB Click here to enter a date.  Unknown | | | | | Age Years Months  Estimated | | | | | Gender Choose an item. |
| Race/ethnicity, if known Choose an item.  Other Click here to enter text. | | | | | | Language Choose an item.  Other Click here to enter text. | | | | |
| Accompanied  Unaccompanied | | Describe where patient was found (be as specific as possible, including neighborhood/street address).  Click here to enter text. | | | | | | Items worn by or with patient when found (describe color, pattern, type)  Pants Click here to enter text.  Shirt Click here to enter text.  Dress Click here to enter text.  Shoes Click here to enter text.  Socks Click here to enter text.  Coat/Jacket Click here to enter text.  Jewelry Click here to enter text.  Glasses Click here to enter text.  Medical Devices Click here to enter text.  Other Click here to enter text.  Other Click here to enter text.  Other Click here to enter text. | | |
| How patient arrived at hospital (list name if available)  EMS Click here to enter text.  Private medical transport service (ambulance/flight Click here to enter text.  Law Enforcement Click here to enter text.  Private Vehicle  Walk-in  Other Click here to enter text. | |
| **DESCRIPTION OF THE PATIENT** | | | | | | | | | | |
| Skin color Click here to enter text. | | | Attach photo here | | | | | | | |
| Hair Color Choose an item.  Other Click here to enter text. | | |
| Eye Color Choose an item.  Other Click here to enter text. | | |
| Height Click here to enter text.  Estimated | | |
| Weight Click here to enter text.  Estimated | | |
| Other markings  Scars Click here to enter text.  Moles Click here to enter text.  Birthmarks Click here to enter text.  Tattoos Click here to enter text.  Missing teeth Click here to enter text.  Braces Click here to enter text.  Other Click here to enter text.  Other Click here to enter text.  Other Click here to enter text. | | |
| **PATIENT TRACKING LOG** | | | | | | | | | | |
| **Hospital/Facility Name** | **Phone Number** | | | **Arrival Date** | | | **ID Band #/ ID Band**  *(If patient has ID bands from other facilities and they need to be removed to provide care, attach ID band in this area)* | | | |
| **Location (city, state)** | **Fax Number** | | | **Departure Date** | | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter date. | | | Attach ID Band Here | | | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter date. | | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter date. | | | Attach ID Band Here | | | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter date. | | |

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| --- | --- | --- | --- | --- |
| **MEDICAL HISTORY AND TREATMENT WHILE AT THIS FACILITY** | | | | |
| Does the patient have any pre-existing medical conditions/medical problems/previous surgeries/special needs? Choose an item.  If yes (list) Click here to enter text. | | | | |
| Is the patient on any medications? Choose an item.  If yes (list) Click here to enter text. | | | | |
| Does the patient have any allergies? Choose an item.  If yes (list) Click here to enter text. | | | | |
| Did the patient receive medical care for an injury/illness while at this facility? Choose an item.  If yes (list) Click here to enter text. | | | | |
| **COMPLETE FOR MINORS: CHILD ACCOMPANIED BY PARENT/GUARDIAN** | | | | |
| Name of Person Accompanying Child Click here to enter text.  Adult  Child/Minor | | Attach Copy of ID | | |
| Relationship to Child Choose an item.  Other Click here to enter text. | |
| ID Checked? ? Choose an item.  Form of ID (list) Click here to enter text. | |
| If accompanied by adult, was child living with this adult prior to the emergency? Choose an item.  Does this adult have any proof of legal guardianship or relationship? Choose an item.  If yes, make copy and attach to this form. | | | | |
| If child and adult were separated after arrival at current facility, where is accompanying adult now? Click here to enter text. | | | | |
| If accompanied by someone other than parent/guardian, what is known about the parent/guardian’s current whereabouts?  Nothing at this time  Their current location is: Click here to enter text. | | | | |
| Is it known if there are orders of protection or other custody issues? ?  No known custody/protection issues  Issue(s) identified Click here to enter text. | | | | |
| **COMPLETE FOR MINORS: CHILD UNACCOMPANIED BY PARENT/GUARDIAN** | | | | |
| Are the whereabouts of the parent/guardian currently known? Choose an item.  Is information about parent/guardian known? Choose an item.  Name Click here to enter text. Phone Click here to enter text.  Location Click here to enter text.  E-mail Address Click here to enter text. | | | | |
| Where and when was the parent/guardian last seen Click here to enter text. | | | | |
| Has the parent/guardian been contacted Choose an item.  Contacted by Click here to enter text. Date Click here to enter a date. Time Click here to enter text. | | | | |
| Plans for reuniting child with parent/guardian Click here to enter text. | | | | |
| Agencies Used to Assist with Reunification (Date/Person Contacted)  American Red Cross Click here to enter text.  Department of Children and Family Services Click here to enter text.  Law enforcement Click here to enter text.  National Center for Missing and Exploited Children  Click here to enter text.  Other Click here to enter text. | | | Additional steps to verify guardianship if reunited at hospital  Does parent/guardian describe child accurately?  Does parent/guardian pick correct child out from a group of pictures?  Does parent/guardian have a picture of them with the child?  Does the child respond appropriately when reunited with parent/guardian? | |
| **DISPOSITION** | | | | |
| Admitted to Click here to enter text.  Discharged  Expired  Patient was released to an individual  Parent  Guardian  Other Click here to enter text.  Name Click here to enter text. Phone Click here to enter text. License Plate Number Click here to enter text.  Address Click here to enter text.  Permanent  Temporary  Was consent obtained from parent/guardian if released to another adult?  Yes  No (explain) Click here to enter text. | | | | |
| Patient was transferred to another facility/agency (Name) Click here to enter text.  Address Click here to enter text. Phone Click here to enter text.  Contact Name Click here to enter text.  Transported by Click here to enter text. | | | | |
| Signature of patient/individual patient released to | Date:  Click here to enter a date.  Time  Click here to enter time | | | Name of Person Completing Form Click here to enter text. |
| Signature of Person Completing Form |