

Emergency Room Discharge

Date: ___/___/___	Log No.: _____
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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

___ Male ___ Female DOB: ___/___/___

ARRIVAL:

___/___/___ Time: ____: ____ AM / PM

Transportation to Hospital: ___ Private Vehicle ___ Ambulance ___ Other: _____

Vital Signs:

Time	Arrival		Discharge
BP			
Pulse			
Repertory			
Temperature			
Weight			

Emergency Care Category:

	Emergent
	Urgent
	Non-Urgent

Condition Upon Discharge:

	Improved
	Unchanged
	Deteriorated

Time of Discharge: ____: ____ AM / PM