Emergency Room Discharge

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

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