

VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT

For use of this form, see AR 40-400; the proponent agency is OTSG.

TO: <input type="checkbox"/> PATIENT ADMINISTRATOR <input type="checkbox"/> ADMINISTRATIVE OFFICER OF THE DAY		PERSON TO BE NOTIFIED
		5. RELATIONSHIP
1. DATE	2. HOUR	6. NAME AND ADDRESS
3. RELIGION OF PATIENT	4. WARD	

ACTION TAKEN BY MEDICAL OFFICER

7. BRIEF DIAGNOSIS (*Use lay terminology*)

8. STATUS OF PATIENT

PLACED ON ROSTER	PROGNOSIS: RECOVERY IS -
a. <input type="checkbox"/> VERY SERIOUSLY ILL	<input type="checkbox"/> NOT EXPECTED <input type="checkbox"/> QUESTIONABLE
b. <input type="checkbox"/> SERIOUSLY ILL	<input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> EXPECTED
c. <input type="checkbox"/> NON SERIOUSLY ILL	EXPECTED LENGTH OF HOSPITALIZATION _____ DAYS
d. <input type="checkbox"/> SPECIAL CATEGORY (<i>Specify</i>) _____	

CHANGE OF STATUS

e. <input type="checkbox"/> SI TO VSI	g. <input type="checkbox"/> RECOVERED	i. <input type="checkbox"/> DIED
f. <input type="checkbox"/> VSI TO SI	h. <input type="checkbox"/> TRANSFERRED	j. <input type="checkbox"/> ADDITIONAL SPECIAL CATEGORY (<i>Specify in remarks</i>)

9. REMARKS

10. TYPED OR PRINTED NAME OF MEDICAL OFFICER	11. SIGNATURE
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ACTION TAKEN BY PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY

ACTION	DATE	HOUR	METHOD OF NOTIFICATION (<i>Initial one</i>)			
			TELEPHONE	TELEGRAM	LETTER	IN PERSON
12. REPORT RECEIVED						
NOTIFIED	13. PERSON (<i>Same as Item 6</i>)					
	14. INFORMATION OFFICE					
	15. RED CROSS					
	16. CHAPLAIN					
	17. UNIT COMMANDER					
18. OTHER (<i>Specify</i>)						

9. REMARKS

PATIENT'S IDENTIFICATION (<i>For typed or written entries give: Name - last, first, middle; grade; family member prefix</i>)	20. TYPED OR PRINTED NAME OF PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY
	21. SIGNATURE