Alberta Health Services

# Emergency – Urgent Care

* THIS IS NOT A REAL PATIENT'S RECORD - IT IS A TEACHING TOOL.

| Admit date / time | Conf | RHRN | Encounter # | Site | PHN # | Admitted by AMB Air ☐ Ground ☐ | ED Loc'n |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Patient Name (Surname, Given Name) | Date of Birth | Age | Gender | ULI # | Disaster Yes ☐ |
|---|---|---|---|---|---|
| MORGAN, JOHN | 04-JAN-1973 | 40 | M | | |

| Preferred Name | Home Phone # | Business Phone # | Business Phone Comment |
|---|---|---|---|
| | | | |

| Home Address | City / Town | Prov | Country | Postal Code |
|---|---|---|---|---|
| 2112 RUSH ROAD NW | CALGARY | AB | CANADA | |

| Next of Kin | Relationship | Phone # | Cell Phone # |
|---|---|---|---|
| SMITH, KAREN | SPOUSE | | |
| Emergency Notification | Relationship | Phone # | Cell Phone # |
| | | | |
| Legal Guardian | Relationship | Phone # | Cell Phone # |
| | | | |
| Custodial Guardian | Relationship | Phone # | Cell Phone # |
| | | | |

| ARO/MDRO | Last Visit date / time | Financial Information WCB ☐ | Payment Responsibility | Responsible Party | Relationship |
|---|---|---|---|---|---|
| | | | | | |
| Family Physician | | | RCMP / DND / Refugee ID # | RCMP Detachment or Regiment | |
| | | | | | |

| **Date / Time** (yyyy/mon/dd) | **Physician's Initial Assessment** |
|---|---|
| | |

| **Date / Time** (yyyy/mon/dd) | **Physician's Reassessment / Results / Procedures** |
|---|---|
| | |

| **Diagnosis** | Billing Codes |
|---|---|
| | |

**Patient instructions**

See family doctor in _____ days

| **Unit clerk instructions** Faxed ☐ Mailed ☐ | | Discharge date / time (yyyy/mon/dd) |
|---|---|---|
| Signature of **Attending Physician** | Signature of **Second Physician** | Admit as Inpatient to |
| Print Name | Print Name | Signature of **Resident / Clinical Clerk** |
| PRACID Number | PRACID Number | Print Name |

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**Distribution:** White - Health Record Pink - Emergency Physician Green - Secondary Physician Yellow - Primary Care Physician