

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
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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