

CLEVELAND CLINIC HOSPITALS
EMS/ED ANECDOTAL FORM

USE THIS FORM TO REQUEST INFORMATION ABOUT EMS/ED ISSUES. PLACE COMPLETED FORM IN EMS OFFICE MAILBOX, OR YOU MAY FAX TO THE EMS OFFICE.

Please Check:

- ☐ PATIENT OUTCOME
☐ COMMENDATION
☐ SCENE PROBLEM
☐ EQUIPMENT ISSUE
☐ ON-LINE MEDICAL DIRECTION ISSUE
☐ ON-SCENE ISSUE
☐ FACILITY ISSUE
☐ ED STAFF ISSUE
☐ EMS PROVIDER ISSUE

* FOR INFECTIOUS DISEASE EXPOSURE - USE EXPOSURE FORM

Submitted By _____ Phone # _____

Date and Time _____

EMS Unit _____ Receiving Facility _____

Personnel Involved _____

Description _____

Recommendation of Person Submitting Request _____

Response _____

Completed By _____ Date _____

Euclid EMS Office
Fax: 216-692-8707

Hillcrest EMS Office
Fax: 440-312-5863

Cleveland Clinic MAIN
Fax: 216-445-4552

South Pointe EMS Office
Fax: 216-491-7809