MEDICAL INTAKE DOCUMENT

Date:	Name colleague:

What happened?:		
Name of patient:	M / F	length/cm:
Date of birth:	age:	weight/kg:

Patient hospitalized from:		to:
Patient currently hospitalized in:		
Since:	○ Normal Station	○ ICU

Is patient stable:	○ yes ○ no	
Using oxygen:	○ yes ○ no	liters/min.:
Is patient conscious:	○ yes ○ no	
Is patient mentally doing well:	○ yes ○ no – meaning:	
Is patient able to talk:	○ yes ○ no	
Is patient able to eat and drink:	○ yes ○ no	
Is patient able to walk:	○ yes ○ no	○ wheelchair ○ bedridden
Is patient paralysed:	○ yes ○ no	○ left side ○ right side
Did patient have surgery:	○ yes ○ no	
Does patient need surgery:	○ yes ○ no	○ maybe
Allergies (if known):		
Medical history (other or older problems):		
Relation between patient and contact person:		
Guiding passenger:		
Approval transport by doctor:	○ yes ○ no	
Discharge medication:		
Medical report required:	○ yes ○ no	

Patient needs to be hospitalized in:	
Patient already known in hospital: ○ yes ○ no	ward / Dr.:

Name contact person:
Home address:
Email address:
Telephone number:

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