Indicate Samaritan Health Services	s Facility: 🛛 🛛 G	SRMC SAG	H 🗆 SLCH	SNLH	SPCH							
Date: (MM/DD/YY) T	ime: (24-Hour (Clock) Arrived	Via:	Field Ta	Field Tag #:							
Previous Field Treatments/Interventions: Image: No Image: Yes If Yes, indicate: Image: Airway Image: Bandaging Image: Splinting Image: Decontamination Image: Other: Image: Splinting												
Triage Complaint:												
INITIAL TRIAGE ASSIGNMENT:				NT - 🔲 MORGUE								
Name: (Last, First, MI)		Age: D	OB: (MM/DD/YY) Gend	ler: Weight: (Est.)	Visit #							
Address:		Phone:	Aller	gies: (List) 🛛	None 🛛 Unknown							

SHADED AREAS MUST BE COMPLETED PRIOR TO PATIENT LEAVING THE TRIAGE AREA

Patient Identification Label

Keep at TRIAGE (Patient Tracking Clerk)

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Indicate Samaritan Health Services	Facility: GSRMC	SAGH	SLCH	SNLH						
Date: (MM/DD/YY) T	ime: (24-Hour Clock)	Arrived Via:		Field Tag	Tag #:					
Previous Field Treatments/Interventions: □ No □ Yes If Yes, indicate: □ Airway □ Bandaging □ Decontamination □ Other:										
Triage Complaint:										
INITIAL TRIAGE ASSIGNMENT:			EXPECTANT - 🔳	MORGUE	DECONTAMINATION					
Name: (Last, First, MI)		Age: DOB: (MW/DD	MY) Gender: V	Veight: (Est.)	Visit #					
Address:		Phone:	Allergies:	(List) 🗆 No	one 🗖 Unknown					
Patient Religion:	Nearest Relatives: Name/	Address/Phone Nu	mber	Time Con	tacted:					
SSN/Driver's License #:										

Patient Identification Label

Hold for **REGISTRATION** (Patient Tracking Runner to Pick-up)

Indicate Samaritan Health Services	Facility:	: GSRMC		AGH 🗆	SLCH	SNLH	□ SPCH					
Date: (MM/DD/YY) T	ime: (24-Hour Clock)	Arrive	ed Via:		Field Ta	ag #:					
Previous Field Treatments/Interver		No 🛛 Yes	lf Ye	s, indicate:	Airway	🗖 Bandag	ing					
Triage Complaint:												
INITIAL TRIAGE ASSIGNMENT:			D D M		PECTANT - 🗉	MORGUE						
Name: (Last, First, MI)			Age:	DOB: (MM/DD/YY)	Gender: □M □F	Weight: (Est.)	Visit #					
Address:			Phone: Allergies: (List) None U									
Patient Religion:	Nearest R	elatives: Name/Ac	ldress/	Phone Num	ber	Time C	ontacted:					
SSN/Driver's License #:												

Patient Identification Label

Hold for PATIENT TRACKING UNIT at Command Center (Patient Tracking Runner to Pick-up)

Indicate Samaritan Health Services Fac						s Facili	acility: GSRMC		SAGH			SLCH [SNLH		SPCH		
Da	ate:		(MM/DD/Y`	Y)	Т	ime:	(24-H	lour Clock)	Arrived Via:			Field			ag #:			
	evious Splinti iage C	ng		nents/In contamin				□ Yes	lf Ye	s, indicate:] Airway) Bandag	jing			
	TIAL TE								D 🗆 M		EXPE	ECTANT - I	⊐ M	ORGUE		CONTAN	INATION	
Na	ame:	(La	st, First, I	VII)					Age:	DOB: (MM/DD)/YY)	Gender: □M □F	W	eight: (Est.)		Visit	#	
A	ddress	:							Phon	e:		Allergies	: (l	_ist) □	None	🗆 Un	known	
Patient Religion: Nearest Relatives: Name/Address/Phone Number Time Contacted:																		
SSN/Driver's License #:																		
В	rief His	story	/:															
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Meds and Interventions			1															
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