	For use of		F ACUTE MEDICAL CARE onent agency is the Office of The Surgeon	General.		
TIME PATIENT DEPARTS UN						
From DD Form 689)		TIME PATIENT ARRIVES	SCREENER LOCATION TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES		
DATE (YYYYMMDD)	SCREENER L	OCATION	CHIEF COMPLAINT	DURATION		
PATIENT RESIDENCE			VITAL SIGNS			
( ) BARRACKS ( ) POST HOUSING				ALLERGIES		
( ) OFF POST ( ) TRANSIENT			PULSEBPRESP			
FIRST VISIT FOR THIS ( ) YES ( ) NO	COMPLAINT (	) YES ( ) NO IF NO, WAS RET	URN SCHEDULED/REQUESTED BY CARE F	PROVIDER?		
ALGORITHM/CODE			ALGORITHM/CODE			
COMMENTS (Reasons for refe	rral, method of i	referral, hospital appointments, self-car	e protocols, and patient instructions/precautions			
			FINAL DISPOSITION			
PATIENT'S IDENTIFICATION (Use mechanical imprint if available, for typed or written entries give: Name, SSN, Unit, Sex, Birthdate and Duty Phone)			( ) I - PHYSICIAN STAT ( ) IV - SELF CARE PROTOCOL ( ) II - PA STAT ( ) V - HOSP CLINIC REFERRAL ( ) III - PA  AIDMAN'S SIGNATURE & CODE  AUDITOR'S INITIALS &			
				DATE (YYYYMMDD)		

	(Entries on this record show	RECORD OF ACUTE ME uld be restricted to further eval	EDICAL CARE  uation and treatment of complain  TIME ENCOUNTER BEGINS	at(s) screened)
DATE (YYYYMMDD)	2ND CARE LOCATION	TIME PATIENT ARRIVES	TIME ENCOUNTER BEGINS	TIME PATIENT LEAVES
SIGNATURE OF HEAL	TH CARE PROVIDER	SIGNATURE OF MEDICA		UDITOR'S INITIALS AND DATE YYYYMMDD)
		SPECIAL INSTRU	CTIONS	

This form will be utilized in lieu of SF 600 (Health Record-Chronological Record of Medical Care) at the BAS level and above when care is initiated by an ADTMC screener. The record of acute, medical care will accompany the patient to the next level of care or remain in the BAS depending on disposition reached. This form will be filed in the HREC when evaluation and audit are completed.

USAPA V1.00ES DA FORM 5181, FEB 2003