

Oklahoma Trauma System Performance Improvement Process

Referral Intake Form

TReC # _____

Please complete this form and attach related records.

Individual Reporting: Contact Information	
<i>Date</i>	
<i>Full Name/Title</i>	
<i>Organizational Affiliation</i>	
<i>Telephone #</i>	
<i>Address</i>	
Brief Description of Information for Review	
<i>Date of Incident</i>	
<i>Name of Patient</i>	
<i>Your Medical Record #</i>	
<i>Name of other agency / facility involved</i>	
<p>Why are you requesting a review? <i>Check applicable boxes and include a brief narrative of the event.</i></p> <p>Pre-Hospital Care</p> <p>ED Care</p> <p>Operative Care</p> <p>Post-op/Post-ED Care</p> <p>Delay</p> <p>Communication Problem</p> <p>Transfer</p> <p>TReC</p>	

Please complete this form and attach ED and related Medical Records

Mail or fax to:

Gail A. Livengood, RN, QI Coordinator

Trauma Division, Oklahoma State Department of Health

1000 NE 10th St., Room 1104

Oklahoma City, OK 73117-1299

Phone (800) 814-8441 or (405) 271-2657 Fax (405) 271- 1045

E-mail: gailL@health.ok.gov