

Hospital: _____ Medical Record No.: _____

Last Name: _____ First Name: _____

Address: _____

Telephone: (_____) _____ - _____ Birthdate: ____/____/____ SSN: _____

Sex: M/F Race: W B NA API Oth Unk Hispanic: Y/N Unk

Occupation: _____ Employer: _____

Where was patient when the injuries occurred?

1. inside A.P. Murrah Federal building
2. inside YMCA building
3. inside Water Resources Board building
4. inside Journal Record
5. inside Tower Regency
6. inside other building _____
7. outdoor location _____
8. unknown

Date of first E.R. Visit ____/____/____ Arrival Time (military): _____

How did patient get to hospital?

1. ambulance (name company _____)
2. private vehicle
3. public transportation
4. walked or was carried
5. helicopter
6. other (specify _____)
7. unknown

Was the patient transported from another health care facility? Y/N Unk

If yes, specify: _____

Disposition from Emergency Department

1. discharged home
2. admitted
3. transferred to other facility (specify _____)
4. left against medical advice
5. dead on arrival
6. expired in emergency department
8. other (specify _____)
9. unknown

If patient was admitted:

Date of Admission ____/____/____ Date of Discharge/Death ____/____/____

Discharge Disposition:

1. home
2. acute care hospital _____
3. skilled nursing facility _____
4. intermediate care facility _____
5. other hospital _____
6. home health care
7. left against medical advice
8. expired in hospital
9. other _____
10. unknown

How did injury occur: _____

Are long-term physical disability/sequelae likely?

___definite ___likely ___unlikely ___unknown

If so, what type of disability?

___neurologic ___physical ___hearing ___vision ___ other

Number, record and thoroughly describe each dx. by region (note ICD-9)	AIS
EXTERNAL _____ _____ _____ _____	
HEAD/NECK _____ _____ _____ _____ _____	
FACE _____ _____ _____ _____ _____	
CHEST _____ _____ _____ _____ _____	
ABDOMEN/PELVIC CONTENTS _____ _____ _____ _____ _____	
EXTREMITIES OR PELVIC GIRDLE _____ _____ _____ _____ _____	
PROCEDURES AND OTHER INFORMATION _____ _____ _____ _____ _____ _____ _____	