### OUTPATIENT RECORD

**Date/Time/Mode of Arrival:**
- [ ] Walked
- [ ] Wheelchair
- [ ] Stretcher
- [ ] Hosp Reg. #

**Brought by:**
- [ ] Self
- [ ] Police
- [ ] Relative
- [ ] Ambulance
- [ ] Other: ____________

**Reason for Visit:**
- [ ] Emergency Room
- [ ] Scheduled Outpatient
- [ ] Laboratory Dept
- [ ] Physiotherapy
- [ ] X-ray
- [ ] Other: ____________

**Presenting Problem:**

**Accident Type:**
- [ ] Traffic
- [ ] Industrial
- [ ] Farm
- [ ] Home
- [ ] Other: ____________

**Accident Site:**

**Responsibility for payment** (if not Sask. Health)
- [ ] WCB
- [ ] DVA/DND
- [ ] Other: ____________

**Expiry date:** YYYY MM DD

**Emergency Phone #’s** (H) (W)

**Responsibility for payment (if not Sask. Health)**
- [ ] WCB
- [ ] DVA/DND
- [ ] Other: ____________

**Patient’s Phone #’s** (H) (W)

**I, the undersigned, consent or give consent for the above named patient to undergo all necessary examinations, diagnostic test(s) and treatment(s) including local anesthetic that will be required in the course of the diagnosis and treatment of my or the above named patient’s illness or condition.**

**Signature of Patient, Parent or Guardian:**

**VS Time:**
- [ ] T
- [ ] BP /
- [ ] P
- [ ] SaO2 %
- [ ] R
- [ ] Wt. Kgs

**Pain (0-10):**
- [ ] Latex:
- [ ] Environment:
- [ ] Facility specific allergy/intolerance record completed

**Current Medications** (list)

**See Best Possible Medication History (BPMH)**

**Triage Level / Location**
- [ ] 1-R
- [ ] WR
- [ ] 2-E
- [ ] TR #
- [ ] 3-U
- [ ] Reassessed at:
- [ ] 4-LU
- [ ] 5-NU

**History of ARO:**
- [ ] Not known
- [ ] No
- [ ] Yes (list)

**Exposure to:**
- [ ] NA
- [ ] TB
- [ ] HIV
- [ ] Hepatitis
- [ ] Other:

**Recent Immunization for:** YYYY MM DD

**Influenza**
**Pneumococcal Pneumonia**
- [ ] NA

**Date of last tetanus:**
- [ ] NA

**TROPEX**

**Final Diagnosis:**

**Condition on discharge:**
- [ ] Improved
- [ ] No change
- [ ] Deteriorated

**Disposition Time:**
- [ ] Home
- [ ] Admitted to:
- [ ] Transferred to:
- [ ] Deceased

**Signature of Practitioner**

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**Consent**

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**Investigation**

**Assessment:**

**Orders:**

**Discharge Instructions:**

Instruction sheet given:
- [ ] Yes
- [ ] No

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**Copy 1 – Patient Record**  **Copy 2 – Attending Physician**  **Copy 3 – Personal Physician**

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