

Transport/Referral Note (SENT WITH PATIENT)

Attention Facility: These notes are from our field assessment of this patient and are in no way meant to represent orders or instructions for this patient – only suggestions for a next course of action. IMR is not responsible for any financial costs that will be incurred by the patient. All financial obligations for this patient's care must be negotiated directly with the patient.

Patient's Name: _____ Phone: _____ DOB (d/m/y): _____

Patient's Address if available: _____

Attending Physician: _____ BP: _____ / _____

Medications currently being taken (medication / dose): _____ Weight: _____ KG./ Resp: _____

_____ Temp: _____ C./ Pulse: _____

Patient Assessment:

PATIENT TRANSPORTED /REFERRED TO : _____

SIGNATURE: CMO: _____ **DATE :** _____

Transport/Referral Note (RETAINED BY IMR TEAM LEADER)

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