Initial Triage Form Medical Special Needs Shelter

Part I completed on admission

Name____Tommy Boy_____

ID #_____55551072_____

Date _08/01/2012_ Arrival Time __0100 am
Mode of arrival auto_____bus____X_____

Age ____21__ M __X_ F ___ DOB __061960_

Languages spoken: English___X__Spanish_____
Additional languages spoken _____

Name of caregiver ____self and mother_____

Part II completed in 24 hours

Past Medical History (circle diseases)
Diabetes Mental illness/Anxiety/depression
Heart Disease Stroke
Arthritis High Blood pressure
TB Ostomy
dialysis: type ____ Alcohol or drug addiction
Sleep apnea Seizure disorder
Lung Disease/asthma or emphysema
Parkinson's disease Alzheimer's
Vision impaired Hearing impaired
Incontinence
Others not listed_
__ Primary Physician/ City ___Dr. Smith _/_Beaumont, TX_

Quick Assess:
Are you having any health problems right now? If so, describe "I have donuts, do you want some?"_____

Have you been ill recently? I have donuts, do you want some?" If yes, describe__Mother states son has been off medicine for three months now

Have you been recently hospitalized? "Hospitals are for sick people"
If yes, describe

Have you taken your medication today? _"No, I don't like my medicine, I don't have as much fun"
Do you need to take any medication now? If so, what? __"Donuts!" No___

Current Medications:
Home Pharmacy_____

name	dose	times taken
None with patient		

Use back of sheet for additional medication

Admitting Vital Signs
BP____118/64_P___112__R__24_____T_98.6__
Allergies/reaction___"chocolate donuts are yuck:"__
Glucose if diabetic_____

Personal Medical Equipment (Circle)
Wheelchair Scooter Walker Cane
Oxygen Oxygen tank CPAP/BiPAP
Nebulizer Glucose monitor Ostomy care
Dressing Foley Catheter Feeding pump
Suction
Other_____
ALL EQUIPMENT LABELED __S Thompson, UTTSN

Student Signature_____S. Thompson, UTTSN___
Nurse Signature___R. Fountain, RN_____
Cot Assignment ___Transfer to hospital_____
Additional nurses notes ____walking around shelter, trying to give donuts away, hyper and singing._____
_____

Address:_____XXXX Crazy Blvd._____
City_____Beaumont, TX 77777_
Phone number _____555-8888
Emergency contact _____
Student Signature _____S. Thompson, UTTSN
Nurse Signature and date
_____R. Fountain, RN_08/01/2012_
Form developed 6-4-10 B. Fountain, B Deal