



RETURN TO: P.O. BOX 570 J.C., MO 65102

S NAME OF INJURED PATENT LIBET FIRST, MIDDLE INITIALS)  ### MINOR, NAME DEPARENT OR QUARDUM (LAST, FIRST)  ### MINOR DEPARTMENT OR GUARDUM (LAST, FIRST)  ### MINOR DEPARTMENT OR GUARDU	HEAD & SPINAL CORD INJURY/TRAUMA REGISTRY					J.C., MO 65102 (314) 751-6356	
S. RAME OF MUNICIPATION TURNS TREST, MIDDLE INTIAL.)  1. PARTENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT ADDRESS INTRICE?, CITY, COUNTY, STATE 2F CODE)  1. PATENT REGIDENT INTRICE.  1. PATENT REGIDENT REGIDENT INTRICE.  1. PATENT REGIDENT REGIDENT INTRICE.  1. PATENT REGIDENT RE	PATIENT INFORMATION	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
PREMODER DE SAMBULANCE DE PARENT OR QUARDIUM (LAST, RIRST)  2. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  2. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  2. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  3. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  4. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  4. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  4. PATIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2P CODE)  4. PATIENT RESIDENT RESIDENT COUNTY (STATE 2P CODE)  4. PATIENT RESIDENT RESIDENT COUNTY (STATE 2P CODE)  4. PATIENT RESIDENT COUNTY, STATE COUNTY (STATE 2P CODE)  4. PATIENT RESIDENT COUNTY, STATE COUNTY (STATE 2P CODE)  4. PATIENT RESIDENT COUNTY, STATE COUN	1. STATE REGISTRY NUMBER	2. HOSPITAL ID NUMBER	3. MEDICAL RECORD NUMBER		4. SOCIAL SECURITY	NUMBER	
PREFORM COLOR DESCRIPTION (LAST FIRST)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT ADDRESS (STREET, OTV. COUNTY, STATE 2/P CODE)  PARIENT RESIDENT RESPONDE (DIE NUMBER)  17. PARIENT RESIDENT RESPONDE (DIE NUMBER)  18. MAIN SOURCE OF PAYMENT (DIE OUNTY, STATE)  19. PROPERTY SECOND (DIE OUNTY, STATE)  19. PROPERTY OUNTY, COUNTY, STATE)  19. PROPERTY OUNTY (DIE OUNTY, STATE)  19. PROPERTY OUNTY, COUNTY, STATE  19. PROPERTY OUNTY,	5. NAME OF INJURED PATIENT (LAST.)	FIRST, MIDDLE INITIAL)	<u> </u>		la r	DATE OF BIRTH	
### PATIENT FESIDENT ADDRESS ISTREET. CTY, COUNTY, STATE 2IP CODE)  ### COUNTY STATE 2IP CODE  ### CODE 2IP CARNOWN	,,,,,,	,,				/ /	
### PATIENT FESIDENT ADDRESS ISTREET. CTY, COUNTY, STATE 2IP CODE)  ### COUNTY STATE 2IP CODE  ### CODE 2IP CARNOWN	7 IF MINOR NAME OF PARENT OR GIT	ARDIAN /I AST FIRST)	····	<u> </u>	100	//	
= NHITE   = INDIAN     = ASIAN       = HISPANIC     = ASIAN       = HISPANIC     = ASIAN       = HISPANIC       = HISPANIC     = HISPANIC       = HISPANIC		,					
B BLACK   SAIN   SHIPPANIC	9. PATIENT RESIDENT ADDRESS (STRE	EET, CITY, COUNTY, STATE, ZIP CODE)			10. RACE		
12. BILLED HOSP, CHARGES  13. MAIN SOURCE OF PAYMENT [] = UNKNOWN [] = MEDICARE [] = NONE [] = SELF PAY [] = NONE [] = SELF PAY [] = NONE [] = MEDICARE [] =			<u> </u>		2 = BLAC	CK = ASIAN	
PREHOSPITAL INFORMATION    Date of Injury   15 Time of Injury   16 Scene of Injury (City, County, State)   17 PLACE OF INJURY   18 SCENE OF INJURY (CITY, COUNTY, STATE)   18 INJURED CHAIL OF INJURY   19 PLANT   19 PLANT					E3	ANIC W = OTHER	
THE SCENE OF INJURY  15 TIME OF INJURY  16 SCENE OF INJURY (CITY, COUNTY, STATE)  17 PLACE OF INJURY  18 PROVED TO SEARCH TO STATE TIME SECOND OPERATION  19 PROVED TO SEARCH TO SECURIOR TO SECOND OPERATION  10 PROVED TO SEARCH TO SECOND OPERATION  11 PROVED TO SEARCH TO SECOND OPERATION  12 PROVIDE TO SEARCH TO SECOND OPERATION  13 PROVIDE TO SECOND OPERATION  14 START TIME SECOND OPERATION  14 START TIME SECOND OPERATION  15 PROVIDED TO SEARCH TO SEARCH TO SECOND OPERATION  16 SCENE OF INJURY (CITY, COUNTY, STATE)  17 PROVIDED TO SEARCH TO SEA	( ) -	12. BILLED HOSP, CHARGES		© - CHRIOTH			
17. PLACE OF INJURY  3 = HOME	PREHOSPITAL INFORMA	ATION					
□ = HOME □ = FARM □ = MINE □ = INDUSTRY □ = RECREATION □ = STREET □ = PUBLIC BLDG. □ = RESIDENTIAL INST. □ = OTHER □ = UNSPEC.  19 PROTECTIVE EQUIPMENT USED □ = NONE □ = UNKNOWN □ = SEATBELT □ = CHILD SEAT □ = AIR BAG □ = BELT & BAG □ = HELMET □ = OTHER □ = YES □ = NO □ = UNK MODE OF ARRIVAL □ = GROUND AMBULANCE □ = AIR AMBULANCE □ = PRIVATE VEHICLE □ = POLICE VEHICLE □ = OTHER □ = VEHICLE DISPATCHED □ ARRIVED LOCATION □ DEPARTED LOCATION □ ARRIVED □ CO DEPARTED LOCATION □ CO DEPARTED LOCA	14. DATE OF INJURY	15. TIME OF INJURY	16. SCENE OF INJURY (CITY, C	OUNTY, STATE)		<del>_</del>	
□ = HOME □ = FARM □ = MINE □ = INDUSTRY □ = RECREATION □ = STREET □ = PUBLIC BLDG. □ = RESIDENTIAL INST. □ = OTHER □ = UNSPEC.  19 PROTECTIVE EQUIPMENT USED □ = NONE □ = UNKNOWN □ = SEATBELT □ = CHILD SEAT □ = AIR BAG □ = BELT & BAG □ = HELMET □ = OTHER □ = YES □ = NO □ = UNK MODE OF ARRIVAL □ = GROUND AMBULANCE □ = AIR AMBULANCE □ = PRIVATE VEHICLE □ = POLICE VEHICLE □ = OTHER □ = VEHICLE DISPATCHED □ ARRIVED LOCATION □ DEPARTED LOCATION □ ARRIVED □ CO DEPARTED LOCATION □ CO DEPARTED LOCA	/						
19 PROTECTIVE COLIFIENT USED  □ = NONE □ = UNKNOWN □ = SEATBELT □ = CHILD SEAT □ = AIR BAG □ = BELT & BAG □ = HELMET □ = OTHER  □ = NONE □ = VES □ = NO □ = UNK  □ = GROUND AMBULANCE □ = AIR AMBULANCE □ = PRIVATE VEHICLE □ = POLICE VEHICLE □ = OTHER  22 AMBULANCE REPORT NUMBER  23 AMBULANCE RESPONSE TIMES  ■ VEHICLE DISPATCHED □ ARRIVED LOCATION □ DEPARTED LOCATION □ DEPARTED LOCATION □ C. DATE PATIENT ARRIVED □ C. DATE PATIENT □ C. DATE PATIENT □	17. PLACE OF INJURY						
① = NONE ① = UNKNOWN ① = SEATBELT ① = CHILD SEAT ② = AIR BAG ② = BELT & BAG ② = HELMET ② = OTHER ② = YES ② = NO ② = UNK 20 MODE OF ARRIVAL  □ = GROUND AMBULANCE ② = AIR AMBULANCE ② = PRIVATE VEHICLE ③ = POLICE VEHICLE ③ = OTHER  □ = GROUND AMBULANCE ② = AIR AMBULANCE ③ = PRIVATE VEHICLE ③ = POLICE VEHICLE ③ = OTHER  22 AMBULANCE REPORT NUMBER  23. AMBULANCE RESPONSE TIMES  ■ VEHICLE DISPATCHED ⑤. ARRIVED LOCATION ② DEPARTED LOCATION ② ARRIVED OF THE NUMBER  25. IF TRANSFER FROM ACUTE CARE HOSPITAL (INFORMATION RELATED TO HOSPITAL SENDING PATIENT)  ■ NAME OF HOSPITAL  □ C. DATE OF ARRIVAL IN E.D.  25. TIME OF ARRIVAL IN E.D.  26. TIME YRAUMA SURG. CALL  28. TIME TRAUMA SURG. ARR ③ 0. TIME NEURO. CALLED  31. TIME NEURO. ARRIVED  28. SI P. D. ON ARRIVAL  29. TIME OF ARRIVAL  29. TIME OF ARRIVAL  29. TIME TRAUMA SURG. ARR ③ 0. TIME NEURO. CALLED  31. TIME NEURO. ARRIVED  32. S B.P. ON ARRIVAL  33. BLOOD ALCOHOL CONCENTRATION (mg/dL)  34. B. C. SCORB ON ARR  35. BLOOD ALCOHOL CONCENTRATION (mg/dL)  36. BLOOD ALCOHOL CONCENTRATION (mg/dL)  37. TIME OF DISCHARGE  38. BLOOD ALCOHOL CONCENTRATION (mg/dL)  39. BRUGS DETECTED AS RESULT OF TOXICOLOGY TEST  □ = NONE ③ = COCAINE ③ = PCP ④ = BENZODIAZEPINE  40. EMERGENCY DEPARTMENT DISPOSITION  40. EMERGENCY DEPARTMENT DISPOSITION  □ = OPERATING ROOM ⑤ = INTENSIVE CARE UNIT ⑥ = AMMITTO FLOOR ⑥ = TRANSFER TO ACUTE CARE HOSPITAL ⑥ = EXPIRED  40. EMERGENCY DEPARTMENT DISPOSITION  □ = OPERATING ROOM ⑥ = INTENSIVE CARE UNIT ⑥ = AMMITTO FLOOR ⑥ = TRANSFER TO ACUTE CARE HOSPITAL ⑥ = NON-SURGICAL  42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR (TEM # 57 CHOICE # 7 IS CIRCLED)  44. DATE OF PIRST OPERATION  45. PROCEDURES PERFORMED FIRST OPERATION  46. DATE OF PIRST OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED FIRST OPERATION  49. PROCEDURES PERFORMED SECOPERATION  40. LOTTED FIRST OPERATION  41. START TIME SECOND OPERATION  42. START TIME SECOND OPERATION  43. PROCEDURES PERFORMED SECOPERATION  44. START TIME SECOND OPERATION  45. PROCEDURES P		INE 3 = INDUSTRY 4 = RECR	EATION 5 = STREET 6	] = PUBLIC BLDG. [] = F	RESIDENTIAL INST.	. 3 = OTHER 3 = UNSPEC.	
20. MODE OF ARRIVAL   20. AMBULANCE   20. ARR AMBULANCE   21. EPRIVATE VEHICLE   21. POLICE VEHICLE   22. OTHER	18. PROTECTIVE EQUIPMENT USED				19.	INJURED WHILE WORKING	
☐ = GROUND AMBULANCE ☐ = AIR AMBULANCE ☐ = PRIVATE VEHICLE ☐ = POLICE VEHICLE ☐ = OTHER  22 AMBULANCE REPORT NUMBER 23 AMBULANCE RESPONSE TIMES  ■ VEHICLE DISPATCHED D. ARRIVED LOCATION C. DEPARTED LOCATION 24. R.T.S. AT SCENE  25. IF TRANSFER FROM ACUTE CARE HOSPITAL (INFORMATION RELATED TO HOSPITAL SENDING PATIENT)  ■ NAME OF HOSPITAL  ■ CITY HOSPITAL LOCATED  ■ COLATE PATIENT ARRIVED  ■ COLATE PATIENT ARRIVED  ■ CITY HOSPITAL SENDING PATIENT)  ■ COLATE PATIENT ARRIVED  ■ COLATE DE COLAINE  ■ POP ① = BENZODIAZEPINE  ■ EMPREDICATION  ■ COLAINE  ■ POP ② = BENZODIAZEPINE  ■ EXPIRED  ■ COLAINE  ■ POP ② = BENZODIAZEPINE  ■ EXPIRED  ■ COLAINE  ■ POP ② = BENZODIAZEPINE  ■ COLAINE  ■ POP ③ = BENZODIAZEPINE  ■ POP ③ = BENZODIAZEPINE  ■ COLAINE  ■ POP ③ = BENZODIAZEPINE  ■ POP ⑥ = BENZODIAZEPIN		I = SEATBELT I = CHILD SEA	T 5 = AIR BAG 6 = BE	LT & BAG 🖸 = HELMET	· B = OTHER □	= YES 2 = NO 3 = UNK	
22. AMBULANCE REPORT NUMBER 23. AMBULANCE RESPONSE TIMES  a. VEHICLE DISPATCHED b. ARRIVED LOCATION c. DEPARTED LOCATION 24. R.T.S. AT SCENE 25. IF TRANSFER FROM ACUTE CARE HOSPITAL (INFORMATION RELATED TO HOSPITAL SENDING PATIENT) a. NAME OF HOSPITAL b. CITY HOSPITAL LOCATED c. DATE PATIENT ARRIVED c. DATE PATIENT ARRIVED d. DATE PATIENT A	20. MODE OF ARRIVAL				21	AMBULANCE SERVICE NUMBER	
22. AMBULANCE REPORT NUMBER 23. AMBULANCE RESPONSE TIMES  a. VEHICLE DISPATCHED b. ARRIVED LOCATION c. DEPARTED LOCATION 24. R.T.S. AT SCENE 25. IF TRANSFER FROM ACUTE CARE HOSPITAL (INFORMATION RELATED TO HOSPITAL SENDING PATIENT) a. NAME OF HOSPITAL b. CITY HOSPITAL LOCATED c. DATE PATIENT ARRIVED c. DATE PATIENT ARRIVED d. DATE PATIENT A	☐ = GROUND AMBULANCE ☐	= AIR AMBULANCE	ATE VEHICLE	E VEHICLE 3 = OTHER	1		
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BMERGENCY DEPARTMENT INFORMATION  26. DATE OF ARRIVAL   D. CITY HOSPITAL LOCATED   D. DATE PATIENT ARRIVED   D. TIME PATIENT ARRIVED   D. TIME PATIENT ARRIVED   D. C. DATE PATIENT ARRIVED   D. DATE PATIENT ARRIVED   D. C. DATE PATIENT ARRIVED   D. C. DATE PATIENT ARRIVED   D. C. DATE PATIENT ARRIVED   D. TIME PATIE			<b>&gt;</b>		ļ		
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28. TIME OF ARRIVAL IN E.D.  27. TIME OF ARRIVAL  28. TIME TRAUMA SURG. CALL  29. TIME TRAUMA SURG. ARR  30. TIME NEURO. CALLED  31. TIME NEURO. ARRIVED  32. S.B.P. ON ARRIVAL  33. RESP. RATE/MIN. ON ARR  34. G. C. SCORE ON ARR  35. P.T.S. ON ARRIVAL  36. TIME SENT TO CT SCAN  37. TIME OF DISCHARGE  38. BLOOD ALCOHOL CONCENTRATION (mg/dL)  39. DRIUGS DETECTED AS RESULT OF TOXICOLOGY TEST  1 = NONE  1 = NONE  1 = COCAINE  1 = PCP  1 = BENZODIAZEPINE  2 = BENZODIAZEPINE  30. TIME NEURO. ARRIVED  31. TIME NEURO. ARRIVED  32. TIME OF ARRIVAL  33. TIME OF DISCHARGE  34. G. SCORE ON ARR  35. P.T.S. ON ARRIVAL  36. TIME SENT TO CT SCAN  37. TIME OF DISCHARGE  37. TIME OF DISCHARGE  38. BLOOD ALCOHOL CONCENTRATION (mg/dL)  39. DRIUGS DETECTED AS RESULT OF TOXICOLOGY TEST  1 = NONE  1 = NONE  1 = NONE  1 = COCAINE  1 = PCP  1 = BENZODIAZEPINE  2 = NOT TESTED  40. EMERGENCY DEPARTMENT DISPOSITION  1 = NORTHER TO ACUTE CARE HOSPITAL  2 = EXPIRED  41. ADMITTING SERVICE  41. ADMITTING SERVICE  5 = N/A [] = TRAUMA  2 = NEUROSURG.  2 = OTHER SURG.  1 = NON-SURGICAL  42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)  5 D. CITY HOSPITAL LOCATED  45. PROCEDURES  PERFORMED FIRST  OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES  PERFORMED SEC.  OPERATION  49. PROCEDURES  PERFORMED SEC.  OPERATION  40. DATE OF SECOND OPERATION  41. START TIME SECOND OPERATION  42. PROCEDURES  PERFORMED SEC.  OPERATION  44. START TIME SECOND OPERATION  45. PROCEDURES  PERFORMED SEC.  OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES  PERFORMED SEC.  OPERATION  49. PROCEDURES  PERFORMED SEC.  OPERATION  40. DATE OF SECOND OPERATION  41. START TIME SECOND OPERATION  42. DATE OF SECOND OPERATION  44. START TIME SECOND OPERATION  45. PROCEDURES  PERFORMED SEC.  OPERATION  46. PROCEDURES  PERFORMED SEC.  OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES  PERFORMED SEC.  OPERATION					//		
32. SBP. ON ARRIVAL 33. RESP. RATE/MIN. ON ARR 34. G. C. SCORE ON ARR 35. P.T.S. ON ARRIVAL 36. TIME SENT TO CT SCAN 37. TIME OF DISCHARGE 38. BLOOD ALCOHOL CONCENTRATION (mg/dL) 39. DRUGS DETECTED AS RESULT OF TOXICOLOGY TEST  II = NONE II = COCAINE II = PCP II = BENZODIAZEPINE II = NORE II = MARIJUANA II = NOT TESTED  41. ADMITTING SERVICE II = ADMIT TO FLOOR II = TRANSFER TO ACUTE CARE HOSPITAL II = TRAUMA II = TRAUMA II = TRAUMA II = TRAUMA II = NEUROSURG II = BURN II = GEN. SURG II = ORTHOPEDICS II = THORACIC SURG II = OTHER SURG II = NON-SURGICAL II TRANSFER TO ACUTE CARE HOSPITAL II = COCAINE II = COCAINE II = PCP II = BENZODIAZEPINE II = NOT TESTED  41. ADMITTING SERVICE II = NORTHOPEDICS II = THORACIC SURG II = OTHER SURG II = NON-SURGICAL II = TRAUMA II = TRAU	<b>EMERGENCY DEPARTM</b>	ENT INFORMATION					
38. BLOOD ALCOHOL CONCENTRATION (mg/dL) 39. DRUGS DETECTED AS RESULT OF TOXICOLOGY TEST  1 = NONE 2 = COCAINE 3 = PCP	26. DATE OF ARRIVAL IN E.D.	27. TIME OF ARRIVAL	28. TIME TRAUMA SURG. CALL	. 29. TIME TRAUMA SURG. ARR.	30, TIME NEURO, CA	LLED 31. TIME NEURO. ARRIVED	
38. BLOOD ALCOHOL CONCENTRATION (mg/dL) 39. DRUGS DETECTED AS RESULT OF TOXICOLOGY TEST  1 = NONE 2 = COCAINE 3 = PCP	/ /	İ				İ	
3 = BARBITURATE	32. S.B.P. ON ARRIVAL	33. RESP. RATE/MIN. ON ARR.	34. G. C. SCORE ON ARR.	35. P.T.S. ON ARRIVAL	36. TIME SENT TO CT	SCAN 37. TIME OF DISCHARGE	
3 = BARBITURATE							
40. EMERGENCY DEPARTMENT DISPOSITION  L = OPERATING ROOM	38. BLOOD ALCOHOL CONCENTRATIO	N (mg/dL) 39. DRUGS DETECTED AS RI	ESULT OF TOXICOLOGY TEST	1 = NONE 2 = CC	CAINE 3 = PCF	= BENZODIAZEPINE	
① = OPERATING ROOM ② = INTENSIVE CARE UNIT ③ = ADMIT TO FLOOR ③ = TRANSFER TO ACUTE CARE HOSPITAL ⑤ = EXPIRED  41. ADMITTING SERVICE ② = N/A ① = TRAUMA ② = NEUROSURG. ③ = BURN ④ = GEN. SURG. ③ = ORTHOPEDICS ⑤ = THORACIC SURG. ⑦ = OTHER SURG. ⑥ = NON-SURGICAL  42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)  a. NAME OF HOSPITAL  OPERATING ROOM INFORMATION  44. START TIME FIRST OPERATION  45. DATE OF FIRST OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED FIRST PERFORMED SEC. OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  49. C. OPERATION		■ = BARBITURATE	= NARCOTIC	IPHETAMINE B = MAR	NO = D = NO	OT TESTED	
41. ADMITTING SERVICE  (a) = N/A (1) = TRAUMA (2) = NEUROSURG. (3) = BURN (4) = GEN. SURG. (3) = ORTHOPEDICS (3) = THORACIC SURG. (3) = OTHER SURG. (3) = NON-SURGICAL  42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)  a. NAME OF HOSPITAL  (b. CITY HOSPITAL LOCATED  (c. PERFORMED FIRST OPERATION OP	40. EMERGENCY DEPARTMENT DISPOS	SITION		<del></del>			
© = N/A ① = TRAUMA ② = NEUROSURG. ③ = BURN ④ = GEN. SURG. ③ = ORTHOPEDICS ⑤ = THORACIC SURG. ⑦ = OTHER SURG. ⑤ = NON-SURGICAL  42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)  a. NAME OF HOSPITAL  OPERATING ROOM INFORMATION  43. DATE OF FIRST OPERATION  44. START TIME FIRST OPERATION  45. PROCEDURES PERFORMED FIRST OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  C. OPERATION  A. D. C. D. C. D. C. OPERATION  A. D. C.		INTENSIVE CARE UNIT 3 = AD	MIT TO FLOOR 1 = TRAI	NSFER TO ACUTE CARE	HOSPITAL 5 = E	XPIRED	
42. IF TRANSFER TO ACUTE CARE HOSPITAL (ITEM # 40 CHOICE # 4 OR ITEM # 57 CHOICE # 7 IS CIRCLED)  a. NAME OF HOSPITAL  DEPARTING ROOM INFORMATION  43. DATE OF FIRST OPERATION  44. START TIME FIRST OPERATION  45. PROCEDURES PERFORMED FIRST OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  49. DATE OF SECOND OPERATION  40. DATE OF SECOND OPERATION  40. DATE OF SECOND OPERATION  41. START TIME SECOND OPERATION  42. DATE OF SECOND OPERATION  43. DATE OF SECOND OPERATION  44. START TIME SECOND OPERATION  45. PROCEDURES PERFORMED SEC. OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  49. DATE OF SECOND OPERATION  40. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. PROCEDURES PERFORMED SEC. OPERATION  49. DATE OF SECOND OPERATION  40. DATE OF SECOND OPERATION  41. START TIME SECOND OPERATION  42. DATE OF SECOND OPERATION  43. DATE OF SECOND OPERATION  44. START TIME SECOND OPERATION  45. PROCEDURES PERFORMED SEC. OPERATION  46. DATE OF SECOND OPERATION  47. START TIME SECOND OPERATION  48. DATE OF SECOND OPERATION  49. DATE OF SECOND OPERATION  40.		FURNOSURO EII. BURN EII. CO	N OUDO EL COTUCES	NOC - TUCKACO	IDO III. OTUED	Ouro A Nou surguis:	
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	DISCHARGE INFORMAT	ION	, <u> </u>	, <u> </u>			

51. DATE OF DISCHARGE

49. DATE OF ADMISSION

50. TIME OF ADMISSION

53. FINAL INJURY DIAGNOSES (ICD-9-CM ANATOMIC INJURY CODES)

52. TIME OF DISCHARGE

DESCRIPTION OF INJURY EVENT	
Enter a concise statement describing how the injury occurred, including:	
The specific activity or task of the patient when the injury occurred, including occupational or sports/recreational activity.	
Exactly how the injury was caused (e.g., landed on concrete, caught hand in the lathe, struck windshield).	
The intentionality of the injury.	
The reported relationship of offender to victim in an assault or homocide (e.g., type of family member, aquaintance, stranger, etc.).	
If motor vehicle related: mode of transport, location in the vehicle, and the object with which the vehicle collided.	
If work related: industry, name of employer, specific occupation of patient.	
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