Emergency Department Sign-In Sheet

PART A - PATIENT INFORMATION

Today's Date / / Arrival Time AM PM

First Name Last Name MI

Reason You Came To The Emergency Department

Phone ( ) - Soc. Sec # - - Date Of Birth / /

Primary Physician's Name

Are You Pregnant? ☐ No ☐ Yes Are You Six Weeks Postpartum? ☐ No ☐ Yes

Form Completed By: ☐ Self ☐ Other Relationship

PART B - TRIAGE INFORMATION (For Facility Use Only)

Called For Triage At AM PM Called For Triage At AM PM
Called For Triage At AM PM

Triage Nurse Notes

PART C - DISPOSITION (For Facility Use Only)

If the Triage Nurse is aware that an individual desires to leave prior to triage or a MSE, every effort must be made to inform the individual of risks and benefits and to obtain the individual's signature (or that his/her legal representative) on the Refusal of Medical Screening Examination form.

☐ Individual Left DED Prior To Triage ☐ Individual Left DED Prior To MSE

Facility Representative Informed Of Departure ☐ No ☐ Yes

If Yes, Describe Efforts To Provide Risks And Benefits Education Prior To Departure

If No, Describe Attempts To Locate The Individual

Triage Nurse Signature Date / / Time AM PM