VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT

For use of this form, see AR 40-400; the proponent agency is OTSG.

TO: ☐ PATIENT ADMINISTRATOR
☐ ADMINISTRATIVE OFFICER OF THE DAY

PERSON TO BE NOTIFIED

5. RELATIONSHIP

1. DATE

2. HOUR

3. RELIGION OF PATIENT

4. WARD

6. NAME AND ADDRESS

ACTION TAKEN BY MEDICAL OFFICER

7. BRIEF DIAGNOSIS *(Use lay terminology)*

8. STATUS OF PATIENT

PLACED ON ROSTER — PROGNOSIS: RECOVERY IS -

a. ☐ VERY SERIOUSLY ILL — ☐ NOT EXPECTED — ☐ QUESTIONABLE

b. ☐ SERIOUSLY ILL — ☐ QUESTIONABLE — ☐ EXPECTED

c. ☐ NON SERIOUSLY ILL — EXPECTED LENGTH OF HOSPITALIZATION _____ DAYS

d. ☐ SPECIAL CATEGORY *(Specify)* _____

CHANGE OF STATUS

e. ☐ SI TO VSI — *g.* ☐ RECOVERED — *i.* ☐ DIED

f. ☐ VSI TO SI — *h.* ☐ TRANSFERRED — *j.* ☐ ADDITIONAL SPECIAL CATEGORY *(Specify in remarks)*

9. REMARKS

10. TYPED OR PRINTED NAME OF MEDICAL OFFICER

11. SIGNATURE

ACTION TAKEN BY PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY

ACTION		DATE	HOUR	METHOD OF NOTIFICATION *(Initial one)*			
				TELEPHONE	TELEGRAM	LETTER	IN PERSON
12. REPORT RECEIVED							
NOTIFIED	13. PERSON *(Same as Item 6)*						
	14. INFORMATION OFFICE						
	15. RED CROSS						
	16. CHAPLAIN						
	17. UNIT COMMANDER						
	18. OTHER *(Specify)*						

9. REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; family member prefix)*

20. TYPED OR PRINTED NAME OF PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY

21. SIGNATURE