## Abbreviated Natural Disaster Morbidity Report Form For use in hospital or shelter



	F	ACILI	TY Na	me:					ne Cate																				
							Un. I	Jn. Inj. Unitentional Injury: Bite/Sting, cut, fall, foreign body, burn, poison (not CO)														Massisti	Ith. Aff						
Location of FACILITY:						کر		Vic	)	Violence: Assault, self-inflicted injury, suicide attempt														Mental health: Affective symptoms, drug/alcointoxication or withdrawl, psychological					
Location of FACILITY:  Vio  Therm  CO							Heat/Cold heat exhaustion, heat stroke, dehydration, drowning, hypothermia													MH		uation, suicid							
Date (mm/dd/yy):   ≧ CO						Carbon Monoxide poisoning															eatening viol								
								Oth	Other All other injury not listed above																				
	Tot	tal Pat	ients	seen:				GI		Gastrointestinal illness including nausea and vomitng, diarrhea														>					
						ILNESS		Res	p	Res	pirato	ry: C	ough,	wheezing,shortness of breath, pneumonia suspected									371	OB/GYN: Pregnancy check-up, pregnance					
ep	ort tir	me fra	me (12	2hour	clock			Derm			Dermatologic: Rash, infection, infestation (e.g., lice or scabies)													OB/GYN	complications, in labor, or other GYN condit				
		am	/pm):					Fever Men/Enc		> than 100.4°F or 38°C																			
							IV			Meningitis and /or encephalitis suspected												Ш	All routine and follow-up care including						
							Jaund.			Jaundice												Ĭ.	medication refill, blood pressure/sugar chec						
W=White, non-hispanic								Other			All other illnesses not listed above													ROUTINE	assessment, wound care/dressing chang				
	P_Plack pap biopania					()															R	vaccination							
H=Hispanic					CHRONIC		Chronic disease management including cardiovacular (e.g.,hypertension, CHF), diabetes,													X									
	A=As	•						immunocompromised (e.g., HIV, lupus), respiratory (e.g., asthma, COPD), seizure											отнек	All other illness, injury or conditions not fitting									
	UNK=Unkown					2													07	into one of the above categories									
	Encounter Age (years)						S	ex	Preg	Race Syndrome Category for Chief Complaint - CHOOSE C												NLY ON	IE syndre	ome categoi	v per i	oatien	t		
														INJURY					ILLNESS						CHRONIC			ROUTINI	
									_		_ [ .			Unint.									Men/					OB/	
	1st	F/U	<1	1-17	18-64	65+	М	F	Preg	W	В	ΙA	UNK	Inj.	Vio	Therm	CO	Other	GI	Resp	Derm	Fever	Enc	Jaund.	Other	Chronic	MH	GYN	Routine (
1												+																	
2												╁																	
3												+																	
4																													
5																													
6												+																	
8												╁																	
9												$\dagger$																	
10																													
11																													
12 13												+	-			<u> </u>													
13 14												+																	1
15											$\vdash$	$\top$	1																t
16																													
17																													
18 19											$\vdash \vdash$	+	1																
								$\vdash$				+	1													1			$\vdash$
							_					-																	
20																													
20	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTA	TOTA	TOTAL	TOT	тоттс	тто	TOTAI	TOTAL	TOTAL	TOTAL	тота	TOTAL	TOTA	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL