PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974 — **PERMANENT MEDICAL RECORD**

(S) - Information needed to submit patient movement record

SECTION I — **PATIENT IDENTIFICATION**

(s) NAME (Last, First, Middle Initial)					(s) SSN	DATE OF BIRTH
(s) AGE	(s) SEX M F	(s) STATUS	(s) SERVICE	(s) GRADE	(s) UNIT OF RECORD AND PHONE NUMBER	CITE NUMBER

SECTION II — **VALIDATION INFORMATION**

(s) Medical Treatment Facility Origination and Phone Number				(s) Ready Date (Julian Date)	APPOINTMENT DATE	NUMBER OF ATTENDANTS (s) MEDICAL	(s) NON-MED
(s) Medical Treatment Facility Destination and Phone Number				(s) CLASSIFICATION 1A-5F			
					AMBULATORY	LITTER	(s) PRECEDENCE
(s) Reason Regulated	Max # Stops	Max # RONS	Altitude Restriction	(s) CCATT Required yes no	Name, sex, weight, rank of attendants:	U	P R

SECTION III — **OTHER INFORMATION**

(s) Attending Physician name, Phone Number and e-mail	(s) Accepting Physician name, Phone Number and e-mail
(s) Origination Transportation 24 Hour Phone Number	(s) Destination Transportation 24 Hour Phone Number

(s) Insurance Company	Address	Phone #	Policy #	Relationship to policy holder

(s) Waivers (med equip, etc)

SECTION IV — **CLINICAL INFORMATION**

(s) Diagnosis	**(s) Allergies**	**LABS (Date and time drawn in Zulu)** WBC	HGB	HCT	Other Labs

(s) WEIGHT: (S) Blood type:

battle casualty disease non-battle injury

Vital Signs (Date and time taken in Zulu)

Date	Time (Zulu)	B/P	Pulse	Resp	Pain Level: /10	Last Pain Med:	O_2 /LPM:	Route:

CLINICAL ISSUES

Baseline 02 Sat If Applicable _____ Temp _____

Infection Control Precautions: **LMP:**

Date of last bowel movement:

High Risk for Skin Breakdown yes no

Initial appropriate boxes:

Yes	No		Yes	No	
		Hearing Impaired			Hypertension
		Communication Barriers			Dizziness
		Vision Impaired			Voiding difficulty
		Cardiac Hx			***Takes long-term meds**
		Diabetes			***Will sef-medicate**
		Motion Sickness			Has adequate supply of meds
		Ears/Sinus Problems			Knows how to take meds (verbalized understanding)
		Respiratory difficulty			

***Medication listed on physician's orders**

SPECIAL EQUIPMENT (Check all that apply)

						OTHER:
Suction		Traction		Orthopedic devices		
NG Tube		Monitor		Restraints		
Foley		Trach		Chest Tubes		
Incubator		IV Pumps		IV	Location:	

Cast Location: _____ Bivalved: yes no

Ventilator Ventilator Settings:

DIET INFORMATION (Check all that apply)

NPO Soft Full Lig Cl Liq Reg

Renal _ _Gm Protein _Gm Na _Meq K _Mag Sulfate

Tube Feeding _____Type _____cc/hr _____Discontinue for Flight

Cardiac Diabetic _____ cal Infant formula: Pediatric Age:

TPN:

Other(specify):

SECTION V — **PERTINENT CLINICAL HISTORY (Transfer Summary)**

Physician's Signature	Date/Time
Signature of Clearing Flight Surgeon	Date/Time

AF IMT 3899, 20060819, V1

PATIENT MOVEMENT RECORD (continuation)

DATA PROTECTED BY PRIVACY ACT OF 1974 PERMANENT MEDICAL RECORD

PATIENT MOVEMENT PHYSICIAN ORDERS (for continued care in the AE system and at enroute stops)

SECTION I. PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. GRADE	3. SSN#
4. ALLERGIES	5. ORIGINATING MTF	6. DESTINATION MTF

SECTION II. MEDICATION ORDERS (Drugs and IVs)	SECTION III. OTHER ORDERS (Procedures, Treatment, V/S Frequency, ETC)
[ ] yes [ ] no patient will self-medicate with the following medications:	