

INSURANCE # \_\_\_\_\_

CARRIER \_\_\_\_\_

1  MEDICARE 2  MEDICAID 3  CROSS 4  INSURANCE 5  COMMERCIAL 6  SELF PAY

INSURANCE CODE \_\_\_\_\_

WAS THIS A WORKER'S COMPENSATION INJURY: YES  NO

PATIENT'S EMPLOYER: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (ZIP: ) \_\_\_\_\_ RELATION: \_\_\_\_\_

### Glasgow Coma Scale

<b>Eye Opening</b>	4 Spontaneous	3 To Voice	2 To Pain	1 None
<b>Verbal Response</b>	5 Oriented	4 Confused	3 Inappropriate Words	2 Incomprehensible Sounds
	1 Arouse patient with voice or painful stimulus.			
<b>Motor Response</b>	6 Obeys Command	5 Localizes Pain	4 Withdraw (pain)	3 Flexion (pain)
	2 Extension (pain)	1 None		
				1 Response to command or painful stimulus.

**Total GCS Score: 3-15**

**ICD DIAGNOSTIC CODE**

**Signed:** \_\_\_\_\_

**Firma:** \_\_\_\_\_

**Testigo:** \_\_\_\_\_

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**REFUSAL OF TREATMENT/TRANSPORTATION**

NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

**RELEASE**

EXONERACION DE RESPONSABILIDADES

COMPLETE ON WHITE (AGENCY) COPY ONLY

LENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

**Hospital Receiving Agent**

(IF REQUIRED)

COMPLETE ON WHITE (AGENCY) COPY ONLY

SIGNATURE \_\_\_\_\_

- NON-HOSPITAL DISPOSITION CODES:
- 001 NURSING HOME
  - 002 OTHER MEDICAL FACILITY
  - 003 RESIDENCE
  - 004 TREATED BY THIS UNIT, TRANSPORTED BY ANOTHER UNIT
  - 005 REFUSED MEDICAL AID OR TRANSPORT
  - 006 CALL CANCELLED
  - 007 STANDBY ONLY (NO PATIENT)
  - 008 NO PATIENT FOUND
  - 010 OTHER

