

EMS Coordinator Request

Place Completed Form Into EMS Coordinator Mailbox In Squad Room | Fax to 614|566-8906 | Email to: mhuckaby@ohiohealth.com

PURPOSE		DATE SUBMITTED
<input type="checkbox"/> Patient Follow-up Information <small>Clinical Information Request for Prehospital Performance Improvement</small>		
<input type="checkbox"/> Compliment Complaint Suggestion Other		
REQUESTER INFO		
Name:	Title:	
Station:	Shift / Unit Day:	
Work Phone:	Work Fax:	
Other Phone:	Work Email:	
EMS AGENCY INFO		
Agency Name:		
Address:		
EMS Coordinator Name:	Title:	
Station:	Shift / Unit Day:	
Work Phone:	Work Fax:	
Other Phone:	Work Email:	
PATIENT FOLLOW-UP INFO		
<small>Follow-Up Information Will Be Emailed To The EMS (Performance Improvement) Coordinator's Work Email Address via OhioHealth's Secure Email System.</small>		
Patient Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Transport Date:	Time at ED:	
Incident / Run Number:	Transported By (Unit #):	
Primary Complaint / Mechanism of Injury:		
COMMENTS		