Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail biolincc@imsweb.com. Include the Web site and filename in your message.

55721

Complete this form:

- **For all patients admitted to the hospital**
- **For PAD induced serious adverse event requiring hospitalization**

Data Sources: EMS, Hospital Records

Notification of Hospitalization

FAX to CTC within 24 hours: 1-888-437-4767

1. Date of Hospital Admission:

date39

(month) / (day) / (year) 2 0

Entity Name:

Patient ID:

(site) – (patient) – (chk)

patid39 patchk39

2. Hospital Name and Location where Patient was Initially Admitted to Hospital:

hospnm39 Hospital Name:

city39 City:

state39 State/Province:

3. Global Status at Admission:

Consciousness:

conscs39

1 ○ Conscious/semi-conscious

0 ○ Unconscious

Respiration:

resp39

1 ○ Unassisted

0 ○ Assisted (manually or mechanically ventilated)

Signature of person filling out this form

FAX

code39

Code Number

For CTC Use Only

○ Yes ○ No 1 3 9 0 1 0 0

NOTEHOSP Version 1.00 08-21-00