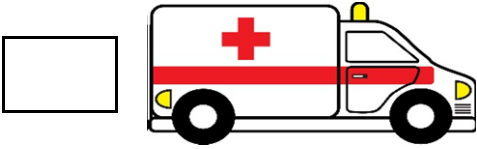


(by personal vehicle)



(by ambulance)



**Salem Hospital
Emergency Department**

on their way from Community Provider

_____ (Patient Name)

Pre-arrival Communication Sheet FAX 503-814-1093

<u>Patient DOB:</u> / /	<u>Age:</u>	<u>Referring Provider Name:</u>	<u>Provider Preferred Phone No.</u> () -
<u>Patient Complaint:</u>		<u>History:</u>	
<u>Discussion with patient, and expectation:</u>			
Vital Signs	Treatment Thus Far	Lab/Results	Imaging Report

Report taken/submitted by: Date / Time: POLST (if yes, please attach): Family contact number:

Yes
 No

This fax will arrive at the Patient Flow Coordinator's desk and will be conveyed to the primary attending physician.