NATIONWIDE CHILDREN'S HOSPITAL℠

EMS COORDINATOR COMMUNICATION FORM

Place completed form in the lock box in the squad room / Fax to 614-722-6518 / email to: sherri.kovach@nationwidechildrens.org

PURPOSE

☐ Patient Follow-up Information: information requested for pre-hospital performance improvement

☐ Communication: compliment, complaint, suggestion, other comments

DATE SUBMITTED _____

REQUESTOR INFORMATION

NAME _____

TITLE _____

STATION _____

UNIT DAY _____

WORK PHONE _____

WORK EMAIL _____

EMS AGENCY INFORMATION

AGENCY NAME _____

ADDRESS _____

EMS COORDINATOR NAME _____

STATION _____

UNIT DAY _____

WORK PHONE _____

WORK FAX _____

WORK EMAIL _____

PATIENT FOLLOW-UP INFORMATION

Patient information will be emailed to the EMS Performance Improvement Coordinator's work email from Nationwide Children's Secure Web Delivery System

PATIENT NAME _____

DOB _____

TRANSPORT DATE _____

TRANSPORT TIME _____

TRANSPORTING UNIT # _____

CHIEF COMPLAINT / MECHANISM OF INJURY _____

_____

INFORMATION REQUESTED OR COMMENTS

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