



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

Registration Form & Triage Form

GENERAL INFORMATION					CID #		
Triage Registration/Emergency Reg. No.:						Date	
NAME :					Time of Arrival:		
Age	Gender	Male	Female	Others	Contact No:		
Current Address		Occupation			Marital Status	Yes	No
Permanent Address:		Accompanied by:					
		Relationship to Patient					
PRE-HOSPITAL							
Referred From:				Reason for Referral			
Mode of Arrival		Taxi	Ambulance	Walk In	Personal Vehicle	Public Vehicle	Others
CHIEF COMPLAINT:							
Past Medical History:							
Medications:							
Allergies:							
Current Substance Use:	Alcohol	Tobacco	Drugs	Doma			
VITAL SIGNS							
BP:	Heart Rate:	Respiratory Rate			SPO2		
	RBS	Temperature			Pain Score		
Level of Consciousness AVOU(Circle one)		Alert	to Voice	to Pain	Unresponsive		



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Treatment Given	Time	Remarks: ray, Medication & labs
ECG		
Xray		
Medications		
Wound care		
Splinting		
Investigation (Lab)		
Iv Fluids		

Time seen by GDMO/EP

Disposition	Remarks	Date	Times
Brought dead			
Admitting Service			
Discharge:			
Referred:			
Expired/Deceased			
CPR done in ER	Yes	No	

Final Diagnosis

Signature
Name
Designation
BMHC No.