

**VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT**

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General

<b>TO:</b> <input type="checkbox"/> PATIENT ADMINISTRATOR <input type="checkbox"/> ADMINISTRATIVE OFFICER OF THE DAY		<b>PERSON TO BE NOTIFIED</b> 5. RELATIONSHIP
1. DATE	2. HOUR	6. NAME AND ADDRESS
3. RELIGION OF PATIENT	4. WARD	

**ACTION TAKEN BY MEDICAL OFFICER**

7. BRIEF DIAGNOSIS *(Use lay terminology)*

8. STATUS OF PATIENT

PLACED ON ROSTER a. <input type="checkbox"/> VERY SERIOUSLY ILL	PROGNOSIS: RECOVERY IS - <input type="checkbox"/> NOT EXPECTED	<input type="checkbox"/> QUESTIONABLE
b. <input type="checkbox"/> SERIOUSLY ILL	<input type="checkbox"/> QUESTIONABLE	<input type="checkbox"/> EXPECTED

c.  SPECIAL CATEGORY *(Specify)*

CHANGE OF STATUS

d. <input type="checkbox"/> SI TO VSI	f. <input type="checkbox"/> RECOVERED	h. <input type="checkbox"/> DIED
e. <input type="checkbox"/> VSI TO SI	g. <input type="checkbox"/> TRANSFERRED	i. <input type="checkbox"/> ADDITIONAL SPECIAL CATEGORY <i>(Specify in remarks)</i>

9. REMARKS

10. TYPED OR PRINTED NAME OF MEDICAL OFFICER	11. SIGNATURE
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**ACTION TAKEN BY PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY**

ACTION	DATE	HOUR	METHOD OF NOTIFICATION <i>(Initial one)</i>			
			TELEPHONE	TELEGRAM	LETTER	IN PERSON
12. REPORT RECEIVED						
NOTIFIED	13. PERSON <i>(Same as Item 6)</i>					
	14. INFORMATION OFFICE					
	15. RED CROSS					
	16. CHAPLAIN					
	17. UNIT COMMANDER					
18. OTHER <i>(Specify)</i>						

9. REMARKS

PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name - last, first, middle; grade; family member prefix; SSN)</i>	20. TYPED OR PRINTED NAME OF PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY  21. SIGNATURE
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