



PATIENT I.D. DATA:
(Name, DOC#, DOB)

SERIOUSLY ILL NOTIFICATION

Instructions: Facility Medical Director/designee to complete first section and make notifications 1 through 3. Health Services Manager to make notifications 4 through 7. Religious Coordinator/Superintendent/Designee to notify emergency contact.

The above-named patient has been placed on seriously ill status at _____ hours on _____
TIME DATE
 by _____
NAME OF PRACTITIONER

Primary diagnosis is: _____

Place of hospitalization if other than DOC facility: _____

Address of facility: _____

Telephone number: _____

Date of admission: _____ Anticipated date of discharge (if known): _____

Remarks: _____

<input type="checkbox"/> Advance Directive on file <input type="checkbox"/> POLST on file	FACILITY MEDICAL DIRECTOR SIGNATURE	DATE / TIME /
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NOTIFICATIONS	NOTIFIED BY (NAME AND TITLE)	DATE AND TIME
1. Superintendent (Sup)/Designee		
2. Health Services Manager		
3. DOC Nurse Desk		
4. Religious Coordinator (RC)		
Emergency Contact (specify) by RC/Sup/Designee:		
5. Health Services Administrator		
6. Chief Medical Officer/Deputy Chief Medical Officer		
7. Classification Counselor		

Remarks: _____

HEALTH SERVICES MANAGER SIGNATURE	DATE / TIME /
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REMOVAL FROM SERIOUS ILLNESS NOTIFICATION

The above-named patient has been removed from seriously ill status at _____ hours on _____
TIME DATE
 by _____
NAME OF PRACTITIONER

Prognosis/Remarks: _____

PRACTITIONER SIGNATURE	DATE / TIME /	HEALTH SERVICES MANAGER SIGNATURE	DATE / TIME /
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Health Services Manager to ensure Emergency Contact is notified of removal

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Distribution: **ORIGINAL** - Health Record **COPY** - Superintendent, Religious Coordinator, Health Services Manager, Health Services Administrator, Chief Medical Officer, Deputy Chief Medical Officer