



PATIENT I.D. DATA:

(Name, DOC#, DOB)

### SERIOUSLY ILL NOTIFICATION

The above named patient has been placed on seriously ill status at \_\_\_\_\_ hours on \_\_\_\_\_  
TIME DATE

by \_\_\_\_\_  
NAME OF PRACTITIONER

Primary diagnosis is: \_\_\_\_\_

Secondary 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: \_\_\_\_\_

PRACTITIONER SIGNATURE	DATE / TIME /
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NOTIFICATIONS	NOTIFIED BY (NAME AND TITLE)	DATE AND TIME
Health Services Administrator		
DOC Nurse Desk		
Chief Medical Officer/Deputy Chief Medical Officer		
Facility Administrator		
Classification Counselor		
Chaplain(s)		
Emergency Contact (specify): (by Chaplain, if possible)		

Remarks: \_\_\_\_\_

HEALTH AUTHORITY 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 AUTHORITY SIGNATURE	DATE / TIME /
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Health Authority 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, Facility Health Care Authority, Health Services Administrator, Chaplain, Chief Medical Officer, Deputy Chief Medical Officer