HARDIN COUNTY GENERAL HOSPITAL
Rosiclare, IL 62982

OUTPATIENT TREATMENT RECORD

Patient Name:				**Date:**	**Time of Arrival:**
Age:	**D.O.B:**	**Sex:** ☐ M ☐ F	**Social Security #:**		**Physician:**
Address:				**Type of Pay:** _____ **Copy Attached:** ☐ Y ☐ N ☐ Unable to obtain	
Emergency Contact:				☐ **Contact is with patient** **Phone # (if not present):**	
Allergies: ☐ **See attached list**				**Current Rx:** ☐ **See attached list**	
Sent from: ☐ **Clinic** ☐ **Inpatient discharge** ☐ **Other:**					
Indication for treatment (Diagnosis):					
Treatment ordered: ☐ **See attached order**					
Vital Signs (if applicable): **T:** **P:** **R:** **B/P:**					
Medication / Supplies used:					
Condition After Treatment / Procedure: ☐ **Satisfactory**					
*__Discharge Instructions & Follow-up Appointments (if applicable):__ ☐ **No other discharge instructions given by physician**					
*__If there is discharge instructions for the patient, please use the *Emergency Room Discharge Instruction* form so that a copy can be given to the patient.__					
DATE of Release:				**TIME of Release:**	

Nurse Signature: _____ **Date:** _____

Attending Physician: _____

I, the undersigned, have been informed of the treatment considered necessary for the patient whose name appears on this form hereof and that the treatments and procedures will be performed by physician, members of the house staff, and employees of the hospital and that **a physician is not present in the hospital 24 hours a day, 7 days a week,** but is on call at all times and readily accessible for any emergency that may arise.

I hereby authorize payment directly to Hardin County General Hospital of the hospital benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of treatment. I understand I am financially responsible for charges not covered by this assignment. Collection costs and attorney fees may be added to your account balance if it becomes delinquent.

Patient/Representative signature: _____ **Date:** _____ 6/09