

EUCLID, HILLCREST, HURON, AND SOUTH POINTE HOSPITALS
EMS/ED ANECDOTAL FORM

USE THIS FORM TO REQUEST INFORMATION ABOUT EMS/ED ISSUES. PLACE COMPLETED FORM IN EMS OFFICE MAILBOX, OR YOU MAY FAX TO THE EMS OFFICE.

Please Check:

- PATIENT OUTCOME
- COMMENDATION
- PROBLEM INCIDENT
- EQUIPMENT ISSUE
- ON-LINE MEDICAL DIRECTION ISSUE
- ON-SCENE ISSUE
- FACILITY ISSUE
- ED STAFF ISSUE
- EMS PROVIDER ISSUE

* FOR INFECTIOUS DISEASE EXPOSURE - USE EXPOSURE FORM

Submitted By _____ Phone # _____

Date and Time _____

EMS Unit _____ Receiving Facility _____

Personnel Involved _____

Description _____

Recommendation of Person Submitting Request _____

Response _____

Completed By _____ Date _____

Euclid EMS Office
Fax: 216-692-8707

Hillcrest EMS Office
Fax: 440-312-5863

Huron EMS Office
Fax: 216-761-3483

South Pointe EMS Office
Fax: 216-491-7809