



# LIFE STAR Patient Information

When Team & Time Are Critical

## TRANSFERRING

## RECEIVING

Facility: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Location: \_\_\_\_\_

Patient Location: \_\_\_\_\_

MD: \_\_\_\_\_

MD: \_\_\_\_\_

Male

Female

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

BP: \_\_\_\_\_

PULSE: \_\_\_\_\_

RESP: \_\_\_\_\_

SpO<sub>2</sub>: \_\_\_\_\_

TEMP: \_\_\_\_\_

**Intubated?**

Yes

No

**Balloon Pump?**

Yes

No

**Arterial line?**

Yes

No

**Swan Ganz (PA) Catheter?**

Yes

No

Number of Peripheral IV's: \_\_\_\_\_

Patient Continuously receiving IV medications?

Yes

No

Central Line?

Yes

No

Names of IV meds on pumps:

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

*(Please have each IV med drawn up in 60cc syringe labeled with name & concentration)*

The above information will be requested by the dispatcher and relayed to the flight crew enroute.

Upon arrival, the flight crew will need a verbal and written report and a copy of this sheet along with:  
2 copies of the demographic sheet and discharge summary / W-10, copies of all X-Rays.

**Please have transferring physician review and sign the document on the other side of this page.**

### Additional information to be filled out on this sheet for the flight crew:

Brief past medical history: \_\_\_\_\_

Routine medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

# LIFE STAR

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Emergency (outside Connecticut): 800-221-2569  
Non-emergency: 860-545-4337  
Fax: 860-545-5491