UnityPoint Health
St. Luke's Hospital

Emergency Medical Services
Patient Follow-up Request Form

Please complete all fields below and fax to (319) 866-1657

Agency Information

Requesting Agency:

Requested By (Name & Title)

Name of EMS Director/Training Officer:

EMS Director/Training Officer E- mail:

Role in patient care: Transporting Agency First Responder/Non-Transport

Call Information

Run Number: Date of Transport:

Receiving Facility: St. Luke's Cedar Rapids ED St. Luke's – Marion ED

Nature of call:

Patient Demographics

Patients Full Name:

Date of Birth:

MRN:

Is there anything specific that you would like to know regarding this case?

The purpose of this request is to provide information to the EMS agency that will be used for QA/QI, education, protocol revisions, and system improvement purposes. NOT for general curiosity. Information requested will be sent via secure e-mail to the agency EMS director or training officer at the email noted above. All fields MUST be completed to fulfill the request.

Please allow 2 business days of the request for a response.