



PIONEER MEDICAL CENTER

406-932-4603
P.O. B. 1228,

Big Timber, MT. 59011

TRAUMA PROVIDER REPORT

(See Dictated Report)

Patient Name

Date

Chief C/O	
HPI	
Meds	<input type="checkbox"/> See "Emergency Room/Outpatient Record"
All.	<input type="checkbox"/> See "Emergency Room/Outpatient Record"
PMHx/ PSHx	<input type="checkbox"/> See "Emergency Room/Outpatient Record"
Soc Hx.	<input type="checkbox"/> Tobacco <input type="checkbox"/> Illicit Drugs <input type="checkbox"/> ETOH <input type="checkbox"/> Not Available
FHx	
Pertinent PE	<input type="checkbox"/> See "Emergency Room/Outpatient Record"
Studies	<input type="checkbox"/> See attached
Procedures	
Impression/ Plan	
Reason for Transfer	
Signature	Date