

Patient Tracking Worksheet (837-B)

Incident Name/Location		Incident Date	Form Completed By				Contact Telephone #		
Triage Status	Triage Tag # (Last 4)	Age	Primary Injury Type	County of Origin Code	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Sex							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							
I D M	-----	M F U							

County of Origin Codes

Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU)
 Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Submit completed worksheets via email (RDMHS.Region3@ssvems.com), or fax (916-625-1720)