



Downtime Patient Facesheet

Recorded by:

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Visitor Status:	VIP:	
<i>Patient Demographic Information</i>		
Name:	MRN:	
Preferred Name:	Encounter:	
DOB:	BC PHN:	
Age:	<i>Phone Numbers</i>	
Gender:	Preferred:	
Address:	Home:	
	Mobile:	
	Work:	
Primary Care Provider:	Alternate:	
<i>Encounter Demographic Information</i>		
Registration Date:	Admitting Provider:	
Registration Time:	Attending Provider:	
Accident Related? Y/N	Referring Provider:	
<i>Insurance Information</i>		
Guarantor Relation to Patient:		
Primary Insurance Plan:	Health Card/Claim#:	
Secondary Insurance Plan:	Health Card/Claim#:	
Extended Insurance Plan:	Health Card/Claim#:	
	Group/Policy#:	
<i>Additional Contacts</i>		
Emergency Contact Name:	Relationship:	
Preferred Phone:	Phone#:	
Next of Kin Name:	Relationship:	
Preferred Phone:	Phone#:	
Legal Guardian Name:	Relationship:	
Preferred Phone:	Phone#:	