 **Disaster Health Services Aggregate Morbidity Report Form\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Part I. General Information** | | 1. Disaster Operation # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Reporting Date: \_\_\_/\_\_\_/\_\_\_ 3. Reporting Timeframe: \_\_\_\_\_\_\_ – \_\_\_\_\_\_\_ 4. County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ 5. Service Type (circle): Shelter Non-Shelter 6. Worksite Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | | **Part II. Number of Client-Related Interactions** |  | | **Tally (llll llll llll)** | **Total (#)** | | 7. **Total Client-related Contacts:** |  | | 7b. **Total of Health-related Client Visits: (fill part III)** |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | **Part III. Demographics (for Health-related Visits Only)** | | | | | **Tally (llll llll llll)** | | | **Total (#)** | | **Gender** | Male |  |  | | Female |  |  | | **Age** | ≤ 2 |  |  | | 3 to 18 |  |  | | ≥ 65 |  |  | |  |  | | |  |  |  | | --- | --- | --- | | **Access/Functional Needs:** mark each individual need based on C-MIST model per 24 hours  **Tally (llll llll llll)** **Total (#)** | | | | **C**ommunication |  |  | | **M**aintenance of Health |  |  | | **I**ndependence |  |  | | **S**ervices and Support |  |  | | **T**ransportation |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part IV. Reason for Visit: for each client visit, tick ALL reason(s) for visits.** | | | | | |  |
|  | **Tally (llll llll llll)** | **Total (#)** | **Tally (llll llll llll)** | | | **Total (#)** |
| **Injury** | | | **Behavioral/Mental Health** | | |  |
| Bite (includes *ALL* bites) |  |  | Agitated/disruptive/psychotic | |  |  |
| Burn (thermal or chemical) |  |  | Anxiety/stress/depressed mood | |  |  |
| Cut/laceration/puncture |  |  | Suicidal/homicidal thoughts | |  |  |
| Foreign body (e.g., splinter) |  |  | Substance addiction/withdrawal | |  |  |
| Fall/slip/trip |  |  | Other mental health | |  |  |
| Hit by or against object |  |  | **Exacerbation of Chronic Illness** | | |  |
| Use of machinery/tools/equip. |  |  | Asthma | |  |  |
| Assault |  |  | Obstructive pulmonary disease | |  |  |
| Carbon Monoxide (CO) exposure |  |  | Cardiovascular (HTN, CHF, CHD) | |  |  |
| Poisoning, non-CO |  |  | Chronic muscle or joint pain | |  |  |
| Other injury |  |  | Diabetes | |  |  |
| **Illness/Symptoms** | | | Neurological (seizure, stroke, dementia) | |  |  |
| Fever (>100.4°F or 38°C) |  |  | Previous mental health diagnosis | |  |  |
| Conjunctivitis/eye irritation |  |  | Other chronic illness | |  |  |
| Dehydration |  |  | **Health Care Maintenance** | | |  |
| Heat stress/heat exhaustion |  |  | Blood pressure check | |  |  |
| Hypothermia/cold-environment |  |  | Blood sugar check | |  |  |
| Oral health |  |  | Pregnancy/post-partum care | |  |  |
| Pain: chest, angina, cardiac arrest |  |  | Dressing change/wound care | |  |  |
| Pain: muscle or joint pain |  |  | Immunization/vaccination | |  |  |
| Pain: head, ears, eyes, nose, throat |  |  | Medical refill (please mark one tick for *each* med refill) | |  |  |
| Pain: other, not specified above |  |  |
| Gastrointestinal (GI): diarrhea |  |  | Other health maintenance | |  |  |
| GI: nausea/vomiting |  |  |  | | |  |
| GI: other (constipation, GERD) |  |  |  | **Part V. Disposition** | **Tally (llll llll llll)** | **Total (#)** |
| Genitourinary (GU) |  |  | Provided Red Cross care |  |  |
| Skin (includes *ALL* skin conditions) |  |  | Referred to… |  |  |
| Allergic reaction |  |  | Hospital |  |  |
| Respiratory (include *ALL* resp.) |  |  | Physician/dentist/clinic |  |  |
| Influenza-like-illness (ILI) |  |  | Pharmacist |  |  |
| Neurological, new onset |  |  | Other (e.g., DMH) |  |  |
| Other illness/symptoms |  |  | Refused Red Cross care |  |  |

**\*Complete one form per service location per 24 hours. Submit by 4pm local time.**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aggregate Morbidity Report Form 2077C (rev. 2/13)

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# Basic Instructions

*Purpose*: Use this form to report on all clients medically seen in your site location over the last 24 hours.

*Procedure*:

* **PART I:** Fill out the top portion of this form with Disaster Operation #, Report Date, Timeframe (24hr period), County, State, Type of service site, and Name of worksite location.

* **PART II:**
  + Total Client-related Contacts = **mark EACH CONTACT** in the 24hr reporting period.
  + Total Number of Health-Related Client Visits = **mark EACH VISIT** inthe 24hr reporting period for each time client health care was given (e.g., multiple blood sugar checks = mark a tick for each visit)

* **PART III:** Mark one tick for gender (male or female) and for age category, for each **Health–related Visit** o The total number for gender (male + female) and for combined age categories at the end of the 24hr reporting period should equal the **total number of health-related client visits (7b)**.

* **PART IV**: Mark one tick for each complaint for the *current* health visit. o For example, if a client has diabetes and receives a regular blood sugar check, only mark Blood sugar check. Do not mark diabetes unless the client is currently having symptoms consistent with an exacerbation of diabetes.
  + IMPORTANT: For medication refill, mark one tick for EACH medication supplied

* **Part V:** Mark client disposition for each health-related visit. o Tick **provided Red Cross care** for clients treated and released (back into shelter or community) as well as those referred, if care was given prior to referral.

* **Access/Functional Needs:** Mark each identified individual need based on the C-MIST model ONCE per 24 hour period.

* Print your name and provide contact information on the bottom of the form

* Submit by 4pm local time

**Thank you!**