

BOTHIN BURN CENTER GENERAL PATIENT PROFILE FORM

Age: _____ Code Status: _____ Admission Date: _____

Attending: _____

Referring Hosp: _____

Consults: _____

Allergies: _____




Diagnosis: _____

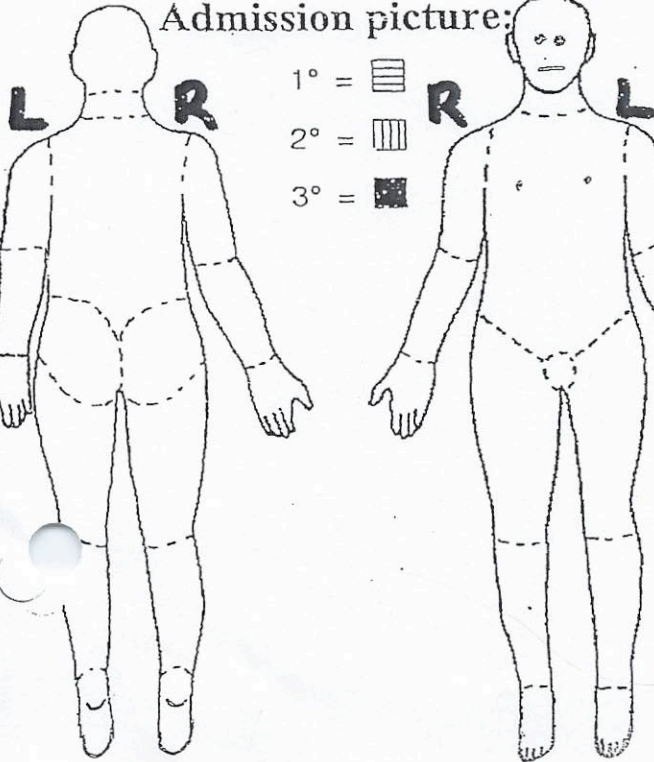
Circumstances: _____

Med/Surg Hx: DM HTN Renal Insufficiency Polysubstance/ETOH Abuse MI _____

Procedures: _____

Admission picture:

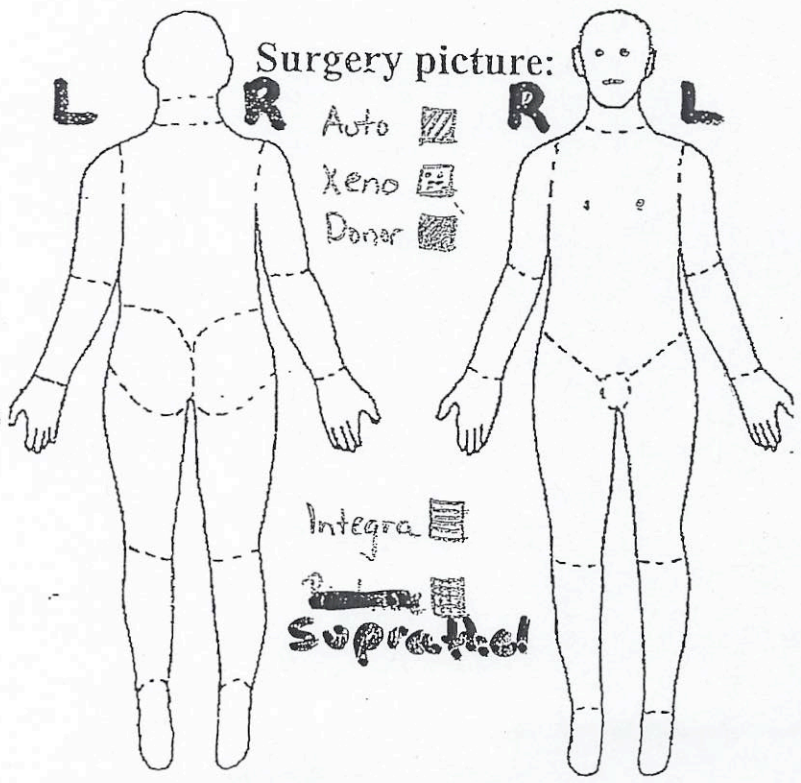
- 1° = 
- 2° = 
- 3° = 



Surgery picture:

- Auto 
- Xeno 
- Donor 

Integra 
~~Integra~~ 
Suprathel 



Addressograph Here