

CLEVELAND CLINIC HOSPITALS  
EMS/ED ANECDOTAL FORM

USE THIS FORM TO REQUEST INFORMATION ABOUT EMS/ED ISSUES. PLACE COMPLETED FORM IN EMS OFFICE MAILBOX, OR YOU MAY FAX TO THE EMS OFFICE.

Please Check:

- PATIENT OUTCOME
- COMMENDATION
- SCENE PROBLEM
- EQUIPMENT ISSUE
- ON-LINE MEDICAL DIRECTION ISSUE
- ON-SCENE ISSUE
- FACILITY ISSUE
- ED STAFF ISSUE
- EMS PROVIDER ISSUE

\* FOR INFECTIOUS DISEASE EXPOSURE - USE EXPOSURE FORM

Submitted By \_\_\_\_\_ Phone # \_\_\_\_\_

Date and Time \_\_\_\_\_

EMS Unit \_\_\_\_\_ Receiving Facility \_\_\_\_\_

Personnel Involved \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Recommendation of Person Submitting Request \_\_\_\_\_

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Response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By \_\_\_\_\_ Date \_\_\_\_\_

Euclid EMS Office  
Fax: 216-692-8707

Hillcrest EMS Office  
Fax: 440-312-5863

Cleveland Clinic MAIN  
Fax: 216-445-4552

South Pointe EMS Office  
Fax: 216-491-7809