

**Form No. I:****HELICOPTER REQUEST FORM FOR MEDICAL EVACUATION** *(to be filled by referring centre)*

<b>REQUESTING HEALTH FACILITY DETAILS</b>	
Hospital/BHU name:	Date:
Dzongkhag:	
Name of the Staff:	
Designation:	
Contact Number:	
<b>PATIENT DETAILS</b>	
Name:	Brief medical care provided at site by Health workers
Age/sex:	
Village:	
Gewog:	
CID Number:	
Provisional diagnosis:	
Guardian contact Number:	
<b>INITIAL VITALS OF PATIENTS</b>	
Alert/verbal/pain/unresponsive	
PR/min:	
BP (mmHg):	
RR/min:	
Temperature:	
SPO2(%):	
RBS(mg/dl):	
GCS (Glasgow Coma Scale):	
Please mention the name, CID No, weight of the patient attendants if accompanied	
<b>VERIFIED AND RECOMMENDED BY</b>	
Name of Emergency Physician:	
Date & time recommended:	

Assessment & management by BEAR team: