



Mesa County EMS STAR Patient Enrollment Form

I. STAR Patient Information	
Last Name: _____ First Name: _____ Middle Initial: _____ Nickname(s): _____ Date of Birth: _____ Sex: _____ Primary Language: _____	
Physical Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Phone: _____ Email: _____	
Parent/Legal Guardian: _____ Relationship: _____ Phone: _____ Phone: _____ Email: _____ Parent/Legal Guardian: _____ Relationship: _____ Phone: _____ Phone: _____ Email: _____	
Emergency Contact: _____ Relationship: _____ Phone: _____ Phone: _____ Emergency Contact: _____ Relationship: _____ Phone: _____ Phone: _____	
Primary Care Physician: _____ Emergency Phone: _____	
Current Specialty Physician: _____ Specialty: _____ Emergency Phone: _____ Current Specialty Physician: _____ Specialty: _____ Emergency Phone: _____	
Anticipated Primary Emergency Department: _____ Anticipated Tertiary Care Facility: _____	
II. Diagnoses/Physical Findings	
Diagnoses: _____ _____	
Pertinent Baseline Physical Findings : _____ _____	
Pertinent Baseline Vital Signs: _____ _____	
Baseline Neurological Status: _____ _____	



III. Common Presenting Problems/Findings With Specific Suggested Management	
Problem: _____ _____ _____	Management/Treatment Considerations: _____ _____ _____
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Please use this space for additional problem/management information: _____ _____ _____	
Please list any procedures and or medications to be avoided: _____ _____ _____	
IV. Allergies/Medications (Please use page three if more space is needed)	
Allergies: _____ _____ _____	Medications: _____ _____ _____
V. Comments on the patient, family, or other specific issues that could affect EMS care	
_____ _____ _____	
VI. Patient/Provider Signatures	
<i>By signing below, the STAR patient or parent/guardian of the STAR patient acknowledges the understanding that protected health information will be shared with Mesa County EMS provider agencies. The information shared is protected under HIPAA guidelines. Each Mesa County EMS agency is bound by the HIPPA guidelines. A copy of the HIPPA guidelines may be requested from the transporting EMS agency.</i>	
Signature: _____ Title: Patient <input type="checkbox"/> Parent/Guardian <input type="checkbox"/>	
Printed Name of Physician/Provider: _____	
Signature: _____ Date: _____	
Submit completed enrollment form to the Mesa County EMS Coordinator by any method below: Email: christopher.rowland@mesacounty.us Fax: (970) 244-3503 Mail: Mesa County EMS 215 Rice Street Grand Junction CO 81501 <div style="text-align: right; margin-top: 10px;"><i>Please contact the Mesa County EMS Coordinator if you have any questions (970) 255-5078</i></div>	



MESA COUNTY

Additional Information (medications, comments, notes, etc.):

Lined area for notes and additional information.