

Daily ER Triage Report for Blue Cross Blue Shield of Vermont - Integrated Health

Date	Patient Name	Patient DOB	Patient Contact number home or cell phone number	Patient Gender	BCBS Cert#	Reason for ER visit Injury Substance Abuse nausea / vomiting Alcohol intoxication other medical reason other mental health reason	Disposition Home Transferred Admitted Deceased	IP admission or transfer facility DHMC UVMHC other facility by name	Admitting Diagnosis if applicable	Frequent use of ER Yes seen multiple times No not seen multiple times
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List should be for all ER visits

[send daily via secure email to IHMTriage@bcbsvt.com](mailto:IHMtriage@bcbsvt.com)