YOUR REQUEST FOR MARITIME TELEMEDICAL ASSISTANCE TO

C.I.R.M. ROME

additional information is necessary

Dear Captain,

Thank you for having sent a request of maritime telemedical assistance to Centro Internazionale Radio Medico (C.I.R.M.). For allowing our medical service to process properly your request we need some additional information without which it will be not possible for us to provide the requested assistance. Please check the data missing indicated below and provide us with these data at your earliest convenience.

As soon as your request will be completed, we will process it with a priority based on the severity of the symptoms.

Thank you for your collaboration

C.I.R.M. Technical Service.

Port of Departure ☐ ………………………….

Port of Arrival ☐ …………………………….

Estimated time of arrival ☐ ……………………

Present position ☐ …………………………….

Patient's name ☐ ………………………….

Patient's age ☐ …………………………….

Patient's rank ☐ ………………………….

Patient's nationality ☐ …………………………….

Patient's temperature (in C^0) ☐ ………………

Patient's pulse rate ☐ …………………………….

Patient's blood pressure ☐ ………………………

Patient's body weight (in Kg) ☐ ………………

Patient's height (in centimeters) ☐ …………

Any previous medical/surgical disease ☐

………………………………………………………..

Any known allergy ☐

………………………………………………………..

Medicines usually taken or already administered if any ☐

………………………………………………………………

The inventory of medicines presently available on board should be sent to us. It is fundamental ☐