

**TDCJ HOSPITAL GALVESTON  
PATIENT PLACEMENT/ADMISSION RESERVATION**

**PLEASE call the BIC at ex. 73600 with the information requested in Section A or complete this form and fax it to the BIC at ext. 74814. Please retain the ORIGINAL on the Medical Record.**

**A** Date: \_\_\_\_\_ INFORMATION COMPLETED BY: \_\_\_\_\_  
EXTENSION: \_\_\_\_\_  
INFORMATION GIVEN TO CARE MANAGEMENT BY: \_\_\_\_\_  
PRECERT: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

**STATUS:**

- OUTPATIENT (HOLDOVER)
- 23 HR OBS
- 23 HR OBS BY EXCEPTION
- INPATIENT

**ADMISSION SOURCE:**

- CLINIC
- ER
- DIRECT ADMIT
- HOSPITAL TRANSFER
- SCHEDULED ADMIT

**INMATE NAME:** \_\_\_\_\_

TDCJ #: \_\_\_\_\_ TDCJ UOA: \_\_\_\_\_ DOB: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

FBOP #: \_\_\_\_\_ FBOP UOA: \_\_\_\_\_

UH#: \_\_\_\_\_ SERVICE: \_\_\_\_\_ TEAM: \_\_\_\_\_

ACCEPTING RESIDENT PHYSICIAN: \_\_\_\_\_ PAGER/PHONE: \_\_\_\_\_

ACCEPTING FACULTY PHYSICIAN: \_\_\_\_\_ PAGER/PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS:**

- |   |  |
|---|--|
| <input type="checkbox"/> CONTACT ISOLATION                | <input type="checkbox"/> MRSA          |
| <input type="checkbox"/> AFB (NEGATIVE AIR FLOW REQUIRED) | <input type="checkbox"/> ICU BED       |
| <input type="checkbox"/> VRE                              | <input type="checkbox"/> TELEMETRY BED |

**TDCJ SECURITY COMPLETES SECTION "B" AND FAXES FORM TO BIC AT 74814**

**B** TDCJ SECURITY LEVEL:

- |                              |                                    |
|------------------------------|------------------------------------|
| <input type="checkbox"/> II  | <input type="checkbox"/> AD/SEG    |
| <input type="checkbox"/> III | <input type="checkbox"/> DEATH ROW |
| <input type="checkbox"/> IV  |                                    |

FBOP SECURITY LEVEL:

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> LOW    | <input type="checkbox"/> HIGH |
| <input type="checkbox"/> MEDIUM |                               |
| <input type="checkbox"/> CAMP   |                               |

ROOM ASSIGNMENT: \_\_\_\_\_

SIGNATURE OF SECURITY PERSONNEL: \_\_\_\_\_

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