

| Patient Name and MRN | Complaint | Follow-up (eg, results of imaging or inpatient hospitalization) |
|-----------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| | Abdominal Pain | |
| | Chest Pain | |
| | Shortness of Breath | |
| | Altered mental status/Intoxication/ Psychiatric | |
| | Laceration or Abscess | |
| | Headache | |
| | Vaginal Bleeding | |