

MMDDYY

RUNNO 5-

AGENCY

VEH ID

AGENCY NAME
DISPATCH INFORMATION
CALL LOCATION

MILEAGE
LOCATION CODE
CODE TOTAL

CALL REC'D
ENROUTE
AT SCENE
FROM SCENE
AT DESTINATION
IN SERVICE
IN QUARTERS

PATIENT INFORMATION
FIRST NAME
LAST NAME
ADDRESS
APPT/UNIT NUMBER
CITY
ST
ZIP
AGE
D.O.B.
SS#

- Residence
Health
Farm
Industrial
Other Work
Recreational
Road
Other

Call Received as
EMERGENCY
NON EMERGENCY
STANDBY

Physician
CARE IN PROGRESS ON ARRIVAL:
None
Citizen
PD/FD/Other First Responder
Other EMS
PAD used

MECHANISM OF INJURY
MVA
Struck by vehicle
Fall of feet
Unarmed assault
GSW
Knife
Machinery

CHIEF COMPLAINT
SUBJECTIVE ASSESSMENT

PRESENTING PROBLEM
Allergic Reaction
Syncope
Stroke/CVA
General Illness/Malaise
Gastro-Intestinal Distress
Diabetic Related (Potential)
Pain
Unconscious/Unresp.
Seizure
Behavioral Disorder
Substance Abuse (Potential)
Poisoning (Accidental)
Shock
Head Injury
Spinal Injury
Fracture/Dislocation
Amputation
Major Trauma
Trauma-Blunt
Trauma-Penetrating
Soft Tissue Injury
Bleeding/Hemorrhage
OB/GYN
Burns
Environmental
Heat
Cold
Hazardous Materials
Obvious Death

VITAL SIGNS table with columns: PAST MEDICAL HISTORY, TIME, RESP, PULSE, B.P., LEVEL OF CONSCIOUSNESS, GCS, PUPILS, SKIN, STATUS

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN
Moved to ambulance on stretcher/backboard
Airway Cleared
Oxygen Administered
C.P.R. in progress on arrival by:
C.P.R. Started @ Time
EKG Monitored
Defibrillation/Cardioversion

DISPOSITION (See List) table with columns: IN CHARGE, DRIVER'S NAME, NAME, DISP. CODE, CONTINUATION FORM USED



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