

Press Down Firmly. You're Making 3 Copies.

USE BALL POINT PEN ONLY.

PERF

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MMDDYY RUN NO X-XXXXXXX 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
PHONE
CITY
ST
ZIP
AGE
MM/DD/YYYY
F
M
SS#

Residence
Health
Farm
Industrial
Other Work
Residence
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
seat belt used
Fall of feet
GSW
Machinery
Struck by vehicle
Unarmed assault
Knife
Extrication required
Seat belt used?
Seat Belt Use Reported By
Crew
Patient
Police
Other

CHIEF COMPLAINT
SUBJECTIVE ASSESSMENT

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

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

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN
Moved to ambulance on stretcher/backboard
Medication Administered (Use Continuation Form)
IV Established Fluid
Mast Inflated @ Time
Bleeding/Hemorrhage Controlled
Spinal Immobilization Neck and Back
Limb Immobilized by
(Heat) or (Cold) Applied
Vomiting Induced @ Time
Restraints Applied, Type
Baby Delivered @ Time
C.P.R. in progress on arrival by: Citizen PD/FD/Other First Responder Other
C.P.R. Started @ Time
EKG Monitored (Attach Tracing) [Rhythm(s)]
Defibrillation/Cardioversion No. Times Manual Semi-automatic

DISPOSITION (See list)
DISP. CODE
CONTINUATION FORM USED
CREW
IN CHARGE
DRIVER'S NAME
NAME
NAME
EMT
AEMT #
CFR
EMT
AEMT #

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RUN NC

X-XXXXXXX

AGENCY

VEH ID

AGENCY NAME
DISPATCH INFORMATION
CALL LOCATION

LOCATION CODE

MILEAGE
ENROUTE
AT SCENE
FROM SCENE
AT DESTINATION

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
STATE
ZIP
AGE
SEX
SS#

- Residence
Health
Farm
Industrial
Other Work
Residence
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 seat belt used Struck by vehicle
Fall of feet Unarmed assault
GSW Knife
Machinery
Extrication required minutes
Seat belt used?
Seat Belt Use Reported By
Crew Patient
Police Other

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
Other
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, R PUPILS, L, SKIN, STATUS

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN FILL IN CIRCLE
Moved to ambulance on stretcher/backboard
Medication Administered (Use Continuation Form)
IV Established Fluid Cath. Gauge
Mast Inflated @ Time
Bleeding/Hemorrhage Controlled (Method Used: )
Spinal Immobilization Neck and Back
Limb Immobilized by Fixation Traction
(Heat) or (Cold) Applied
Vomiting Induced @ Time Method
Restraints Applied, Type
Baby Delivered @ Time In County
C.P.R. in progress on arrival by: Citizen PD/FD/Other First Responder Other
C.P.R. Started @ Time Time from Arrest Until C.P.R. Minutes
EKG Monitored (Attach Tracing) [Rhythm(s)]
Defibrillation/Cardioversion No. Times Manual Semi-automatic

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

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MMDDYY RUN NO X-XXXXXXX 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
PHONE
CITY
ST
ZIP
AGE
MM/DD/YYYY
SS#

Residence
Health
Farm
Industrial
Other Work
Residence
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 seat belt used Struck by vehicle Fall of feet Unarmed assault GSW Knife Machinery
Extrication required minutes Seat belt used? Yes No Unknown Seat Belt Use Reported By Crew Patient Police Other

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, R PUPILS, L, SKIN, STATUS

OBJECTIVE PHYSICAL ASSESSMENT

COMMENTS

TREATMENT GIVEN FILL IN CIRCLE
Moved to ambulance on stretcher/backboard
Medication Administered (Use Continuation Form)
IV Established Fluid Cath. Gauge
Mast Inflated @ Time
Bleeding/Hemorrhage Controlled (Method Used: )
Spinal Immobilization Neck and Back
Limb Immobilized by Fixation Traction
(Heat) or (Cold) Applied
Vomiting Induced @ Time Method
Restraints Applied, Type
Baby Delivered @ Time In County
Alive Stillborn Male Female
Transported in Trendelenburg position
Transported in left lateral recumbent position
Transported with head elevated
Other

DISPOSITION (See list) DISP. CODE CONTINUATION FORM USED YES
CREW IN CHARGE DRIVER'S NAME NAME NAME
EMT AEMT # CFR EMT AEMT # CFR EMT AEMT # CFR EMT AEMT #

BOX SCREENED @ 15% AGENCY COPY RESEARCH COPY HOSPITAL PATIENT RECORD COPY