	NAME / VEHICI	E# RESCUE SQUAD		SERV	SERVICE # 149		INCIDENT #						TODAY	''S DATE
		TREGOOD OQ	OAD		140		L			TRANGROR	TED TO		·	
INCIDENT LOCATION TRANSPORTED TO														
PATIENT	LAST NAME		FIR	ST		1	M.I.			AGE	AGE Gender		DATE OF BIRTH	
	DDDDEGG				OVER 1		OT A TE					l	ı	
PATIENT	ADDRESS				CITY		STATE ZIP							
CHIEF	,													
	LAINT													
Medica	itions	☐ Pt. States None ☐ Unknown ☐ Brought W/Pt. List:												
ALLERGIES		☐ Pt. States	None 🔲	List:										
MEDICAL		☐ Pt. States		Unknowr					☐ COPD	Renal Fail	ıre 🔲 Se			
HISTORY		Stroke/CVA Ca		Cancer			Diabetes RESPIRATION		Htn	Other			C-II D	
Patient Signs	L.O.CAlert	Cohere		Normal		al <u>KES</u> r	Normal		PULSE Norma	PUPILS al React	ive L/R		Call Receiv	ea
	Voice	Incohe		Moist		tic	Rales		Rapid		ted L/R			
	Pain	Slurred			Pale		Distressed		Slow	Equa			70.	
tier	Unrespoi			Cool		d	Absent		AbsentUnequ			Dis	Dispatch	
Pa												pat		
	Abdomir	Abdominal Pain I		rdiac Arr	est Co	ma	Near Dro		wning	Stroke		Dispatch Times	On Scene	
Medical Condition				Pains		/ Disloc.				Suspect Spir	ıal Inj	Tin		
	Amputat	ion	- _Cardiac Dysrl	hythmias	He	ad Trauma			a / Pre	Syncope	·	ıes		
	Anaphyla	axis		. Dysrhythmias		perthermia				Vaginal Ble	eding		In Service	
	Burns		Childbirth		Hy	poglycemi	iaSeizures		Death in the	Field				
	Cardiac	Arrest	Congestive H	eart Failu	reHy	pothermia	iaShock		General Patient Care					
TIME		B/P P F		Resp.				TREAT		MENT		ı		
	Assisted		MEDICAT	TIONS GIV	EN									
Medications Nitroglycerin		QTY. DO		DOSE										
			G	lucose Paste										
Auto in	naier		(Charcoal										
	jection Epinep	hrine												
NARRAT	TIVE													
		This :	s to certify the	at I am =		SAL OF TRE				ned of the risks	of doing so			
N/		1 1118 13	s to certify the	at I dill f	ciusing IItal		_	па паче	Deen miori	nea or the risks	or uoing so.			
X_ Patient	Signature			ate/Time	ne X						Date/	Time		
Crew Member # 1 EMS License # Crew Member # 3 EMS License #														
Crew Me	mber # 1		-	Crew Member # 3			EMS License #							
Crew Me	mber # 2			IS License # Crew Member # 4						EMS License #				