						INCIDENT	NUMBER				_	МО	DAY	YEAR
LOGATION OF CALL	****					M	F TYPE O	F RUN	BLS AL	.s	ANI	E(QUIPMENT EFT AT HOSPI	TAI
LAST NAME FIRST NAME					POLICE ON SCENE NO YES MIN.			IN. DI	DISPATCHED BACKBOARD					
STREET ADDRESS						SIGNAL	SIGNAL ONE				AT SCENE HEAD BLOCKS		KS	
CITY STATE ZIP						SIGNAL ONE				11	LEET SCENE C-COLLAR			
CITY STATE ZIP						CALL RECEIVED THRU:					WACHIIM MATTE			TTDESS
DATE OF BIRTH					AGE		911 FIRE DEI	PARTME	ит	ΑT	THOSPITAL	_	VACUUM SP	
TELEPHONE #						POLICE DEPARTMENT LIFE SAFETY				N SERVICE	_	MAST TRACTION SPLINT		
SOCIAL SECURITY #		** "				-	OTHER	EIY		IN (QUARTERS	_	NONE	SPLIN!
ILLNESS CODE (S)					NATUR	RE OF CALL AS RECEIV	ED FROM D	ISPATCH		RES	PONDING FF	ROM	
UPON ARRIVAL F	PATIENT WAS: C/C_													:
						TIME	PAYROLL#		CTION	T	REASON	\top	RESULT	
HEAD/NECK:	TRACH SHIFT		UNREMARK	KABLE									***************************************	
	DEFORMITY		UNREMARK	/ARI E										
SPINE/BACK:	DEFORMIT		UNITEMAKK	MDLC			+		***************************************	+	**************************************	+		
CHEST:	HEMO BI	RUISING	UNREMARK	ABLE		H	++			-		\dashv		
	FLAIL P	IEUMO					++			_	***************************************	\dashv	***************************************	
ABD/PELVIS:	DISTENTION PO)P NDER	UNREMARK	KABLE		B/A								
	Mens decore on an	Thio	Interior	(AD) E	AG VI NOVI I	o o								
LOWER EXT.:	MSP'S BEFORE SPLIN MSP'S AFTER SPLINTI	NG.	UNREMARK	ABLE		1						\dashv		
UPPER EXT.:	MSP'S BEFORE SPLIN	TIN	UNREMARK	CABLE			+-+				Market and the second			
	MSP'S AFTER SPLINTI	NG					+-+			_		\dashv	· · · · · · · · · · · · · · · · · · ·	

													-	
		-												
							-							
							- 4				***************************************			
	INGES IN CONDITIO)N:												
PAST HX:	MONE INIO													
MEDICATIONS: ALLERGIES:	NONE UNKN	OWN												
TIME B	description of the second	PULSE	RESP.'S	L LUN	GS R L	LUNGS R	OXYGEN	LEVEL	OF CONSCIO	USNESS	SKIN CONDIT	ION	IL PL	JPILS R
		REG IBREG	****	CLE	AR	RHONCI WHEEZE	LITERS NASAL		LERT & ORIEN		NORMAL CLAMMY	DRY WET	REA	CTIVE LOW
		REG		ABŞE	ENT	RALES	NRB AMBUBAG		VERBAL PAIN		CYANOTIC	PALE	DIL	.ATED
		IRREG		DIM	IN	WHEEZE	AUTOVENT		UNRESPONS	IVE	FLUSHED JAUNDICED	COOL		TRICTED -REACT
		REG		ABSE		RALES	NORMAL		DOA		MOTTLED ASHEN	WARM	PULSE OX	% RA
		IRREG		DIM ABSE		WHEEZE RALES	DELAYED NONE	GLUCC 1st_	SE: 2nd		TYMPANIC TEMP	4		% NA
	A SCORE		ONVERSI	ON		G	LASCOW COMA	-			Arrest and the second	MOBILIZA	ATION	
RESP RATE	SYSTOLIC B/P (4)>= 90	GCS PTS 13-15	= TRAU	MA PTS	EYES (4) SPON	NTANEOUS	VERBAL ⑤ ORIENTED	MOT	OR OBEYS COMM.		CERVICAL BACKBOARD		TRACTION SP VACUUM MAT	
③>29 ③76-89		9-12	9-12 = ③			OICE	(4) CONFUSE	D (5) F	5 PAIN-LOCAL		K.E.D.		PATIENT RES	
2 6-9 1 1-5	2)50-75 6-8 = 2)		2 TO PA	PAIN ③INAPPROPRI ④PAIN-WITHDRAWAU			WAL	SPLINTING						
© 0	© 0		= ①		TOTAL		② GARBLED ① NONE		PAIN-FLEXION PAIN-EXTENDS	;	PRONE	1	FEET ELEVAT	ED
		l			GLASCOW SCORE		51134	(D)	NONE		SUPINE		ON SIDE	
TRAUMA SCORE PLUS CONVERSION TO TRAUMA PTS = REVISED T					TRAUMA SC	RAUMA SCORE <11 = TRAUMA CENTER			ER	MAST B/P BEFORE		HEAD ELEVAT B/P AFTER	ED/SITTING	
PAYROLL NUMBI	ERS	FIRS	T RESPONSE	ALS B		RE TRAFFIC RE WEATHER	V.H.F. RAD		OFFICER'S	CPR IN	FORMATION			
PIC		SQL			EXTRI	ICATION	CHFD REL	AY	INITIALS	TIME (MI	97	UNK R	ECEIVING HOSPIT	AL
					REFU	PHONE SED FIELD	CELLULAR MUTUAL A			BLS	• ••	_		
CIONIATION OF BEDGO	AL COMPLETING DESCRIPTION					TMENT, BUT PTED TRANS	PORT			ALS		7/	EDICAL COMMANI	D I.D. #

SIGNATURE OF PERSON COMPLETING REPORT

EMS PATIENT REFUSAL CHECKLIST

I. Asses	ssment of Patient (circle appropriate response for each item)		
	I. Oriented to: Person?	Yes	No	
	Place?	Yes	No	
	Time?	Yes	No	
	Situation?	Yes	No	
	2, Altered level of consciousness?	Yes	No	
	3. Alcohol or drug ingestion by exam or history?	Yes	No	
∥ Patie	nt Informed (circle appropriate response or each item)			2
	Ambulance transportation offered?	Yes		
	2. Patient advised to seek medical treatment/evaluation?	Yes	No	
III. Dispo		se ^{pe}		
	[] Refused all EMS services			
	[] Patient declines to sign refusal			
	[] Refused transport, but accepted field treatment			
	Refused transport to recommended facility			
	[] Patient transported by private vehicle to:			
	[] Released in care or custody of: [] Relative [] Friend Name:	Relationship:		
	Comments:			
		CWOFFE HIGH	-	
		barran and a same and a same a sa		
	RELEASE/ NOTICE OF	PRIVACY POLI	CY	
On this da medical c these sen	ate, a request for the services of the Fire Department ware and/or transportation to a hospital or emergency medical facility. I further activices.	as made on my behalf. I ackn knowledge that being of sound	owledge that I have been mind and acting on my or	offered first aid and/or wn free will, I refuse
	prever release the Fire Department and Its ernergency med	dical, paramedical and all other a	agents and personnel from a	any and all responsibility
	nd or have been read and understand the above statements.	Fire Department		
I acknowle	edge that I was given a copy or the notice of Privacy Policy by the	Fire Department		
Victim/S _l	ponser	D	ate	
Mitness				