

PREHOSPITAL PATIENT INFORMATION WORKSHEET

Patient Name: (Last) _____ (First) _____ (MI) _____
DOB: _____ / _____ / _____ AGE: _____ M / F SSN: _____
Address: _____ Phone: _____
C/C: _____
PMHX: _____
Meds: _____
Allergies: _____

Physical Findings

Skin: _____
HEENT: _____
Abdomen: _____
Pelvis/Gentitalia: _____
Upper EXT: _____
Lower EXT: _____
Neck/Back: _____

Vital Signs

Initial: B/P _____ P: _____ RR: _____ SaO2: _____ GSC: _____ RTS: _____
Continued: B/P _____ P: _____ RR: _____ SaO2: _____ GSC: _____ RTS: _____
Last: B/P _____ P: _____ RR: _____ SaO2: _____ GSC: _____ RTS: _____

BGL: _____ / _____ 12 Lead Included Y / N 12 Lead Interpretation: _____

Treatment

Oxygen: _____ LPM I.V. _____ Rate: _____ Act. Charcoal: _____ Ipecac: _____
Suction: _____ I.V. _____ Rate: _____ Adenocard: _____ Labetalol: _____
OPA / NPA: _____ I.O. _____ Rate: _____ Albuterol: _____ Lidocaine: _____
E.T. _____ I.O. _____ Rate: _____ Amiodarone: _____ Mag. Sulfate: _____
Aspirin: _____ Narcan: _____
C-Collar: _____ Dressing Applied: _____ Atropine: _____ NTG: _____
KED/LSB: _____ Tourniquet Applied: _____ Benadryl: _____ Procainamide: _____
Bleeding Controlled: _____ Calcium Glue: _____ Sodium Bicarb: _____
Arm Splint: _____ D50: _____ Thiamine: _____
Leg Splint: _____ Cold Application: _____ Dopamine: _____ Vasopressin: _____
Trac. Splint: _____ Hot Application: _____ Epi: _____
Splint Other: _____ Glucagon: _____

Other Treatment: _____

Attendant 1: _____ Attendant 2: _____ Unit # _____

Location of Call: _____

Receiving Physician: _____

Insurance Information: _____