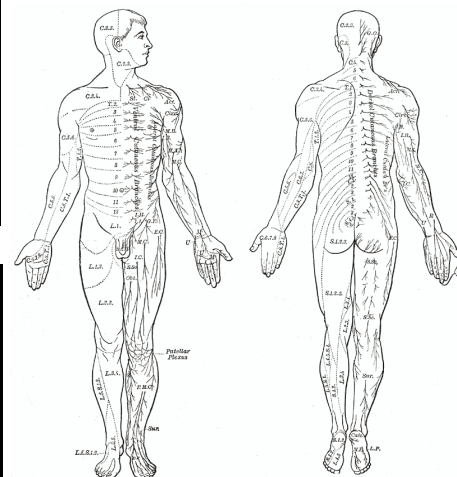


Patient Assessment Record

Notified Date & Time	On Scene Time	Scene Safe?	Incident Occurred Time	Notify 911? Y N Time
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Age	Sex M F	Name	Unit
Health Form - Permission to treat			
MOI - Mechanism of Injury			
C/C - Patient's Chief Complaint			
HPI - H_x of Present Illness: Location, Onset, Duration, Frequency, Quality, Quantity, Exacerbations, Reliefs, Prior H _x , of same complaint			



Vitals (OMIT sections you are not trained to complete)

Time							
LOC A+O ^x V P U							
Skin ctm							
H R rq							
R R rq							
Pupils perrl							
BP							

Patient exam locations of pain, tenderness & injuries, Circulation Sensation Motion

Signs & Symptoms

Allergies

Meds R_w, OTC, Rec.

Past Pertinent Med H_x

Last Oral Intake, Outputs

Events leading to accident/illness

Assessment (problems)

1 Possible	R Y G
2 Possible	R Y G
3 Possible	R Y G
4 Possible	R Y G

Airway **B**reathing **C**irculation **D**isability **E**nvironment

Plan for each problem and for getting help

1
2
3
4

Monitor Interval

EVAC? Y N	Date & Time	By:
Care by:		Care by:
Care by:		Care by: