

INCIDENT NUMBER

DATE MO DAY YEAR

LOCATION OF CALL
LAST NAME FIRST NAME
STREET ADDRESS
CITY STATE ZIP
DATE OF BIRTH AGE
TELEPHONE #
SOCIAL SECURITY #

M F TYPE OF RUN BLS ALS ANI
POLICE ON SCENE NO YES MIN.
SIGNAL ONE
CALL RECEIVED THRU:
911
FIRE DEPARTMENT
POLICE DEPARTMENT
LIFE SAFETY
OTHER

EQUIPMENT LEFT AT HOSPITAL
BACKBOARD
HEAD BLOCKS
STRAPS
C-COLLAR
REAVES
VACUUM MATTRESS
VACUUM SPLINT
MAST
TRACTION SPLINT
NONE

ILLNESS CODE (S) NATURE OF CALL AS RECEIVED FROM DISPATCH RESPONDING FROM

UPON ARRIVAL PATIENT WAS: C/C

Table with columns: PHYSICAL EXAM (HEAD/NECK, SPINE/BACK, CHEST, ABD/PELVIS, LOWER EXT., UPPER EXT.), TIME, PAYROLL #, ACTION, REASON, RESULTS. Includes a vertical 'SUMMARY CODE' column.

TREATMENT section with multiple rows for recording interventions and responses.

COMMENTS/CHANGES IN CONDITION:
PAST HX:
MEDICATIONS: NONE UNKNOWN
ALLERGIES: NKA

VITALS table with columns: TIME, B/P, RATE, PULSE, RESP'S, L LUNGS R, OXYGEN, LEVEL OF CONSCIOUSNESS, SKIN CONDITION, L PUPILS R.

TRAUMA SCORE table with columns: TRAUMA SCORE, GCS CONVERSION, GLASCOW COMA SCALE, IMMOBILIZATION.

PAYROLL NUMBERS, OFFICER'S INITIALS, CPR INFORMATION, RECEIVING HOSPITAL, MEDICAL COMMAND I.D. #

SIGNATURE OF PERSON COMPLETING REPORT

EMS PATIENT REFUSAL CHECKLIST

I. Assessment of Patient (circle appropriate response for each item)

- | | | |
|--|-----|----|
| 1. 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 |

II Patient Informed (circle appropriate response or each item)

- | | | |
|--|-----|----|
| 1. Ambulance transportation offered? | Yes | No |
| 2. Patient advised to seek medical treatment/evaluation? | Yes | No |

III. Disposition

- 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: _____

RELEASE/ NOTICE OF PRIVACY POLICY

On this date, a request for the services of the _____ Fire Department was made on my behalf. I acknowledge that I have been offered first aid and/or medical care and/or transportation to a hospital or emergency medical facility. I further acknowledge that being of sound mind and acting on my own free will, I refuse these services.

I hereby, forever release the _____ Fire Department and its emergency medical, paramedical and all other agents and personnel from any and all responsibility,

I have read or have been read and understand the above statements.

I acknowledge that I was given a copy or the notice of Privacy Policy by the _____ Fire Department

Victim/Sponser _____

Date _____

Witness _____