

<b>Date</b>	<b>Location: Aid Station #: 1 2 3</b>	<b>Time in:</b>	<b>Time out:</b>					
<b>I N F O</b>	Name (PLEASE PRINT)		Address					
	Signature of consent to examine/treat: X		DOB					
<b>H I S T O R Y</b>	Gender							
	Weight							
<b>Chief complaint/History of presenting illness</b> (symptoms; onset, provocation/palliation; quality; region/radiation; severity; time):								
<b>Allergies:</b> <input type="checkbox"/> NKA <input type="checkbox"/> Unknown		<b>Medications:</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown						
<b>Past Medical History</b> <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Asthma <input type="checkbox"/> CA <input type="checkbox"/> COPD <input type="checkbox"/> Cardiac <input type="checkbox"/> DM <input type="checkbox"/> GI <input type="checkbox"/> HTN <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke <input type="checkbox"/> Other:		<b>Last oral intake/LMP</b>						
Last tetanus tox:		<b>GCS Adult</b>	<b>GCS Infant</b>					
HEENT/Neuro:		<b>Eye opening</b> 4 Spontaneous 3 To voice 2 To pain 1 None	<b>Eye opening</b> 4 Spontaneous 3 To voice 2 To pain 1 None					
Chest:		<b>Best verbal</b> 5 Oriented 4 Confused 3 Inappropriate 2 Incomprehensible 1 Silent	<b>Best verbal</b> 5 Coos/babbles 4 Irritable 3 Cries to pain 2 Moans to pain 1 Silent					
Abdomen:		<b>Best Motor</b> 6 Obeys commands 5 Localizes pain 4 Withdraws 3 Abnl. flexion 2 Abnl. extension 1 None	<b>Best Motor</b> 6 Spont. movemt 5 W/draws to touch 4 W/draws to pain 3 Abnl. flexion 2 Abnl. extension 1 None					
Pelvis:								
Extremities:		<b>Total</b>	<b>Total</b>					
Back:								
Skin:		<b>Total</b>	<b>Total</b>					
<b>Time</b>	<b>BP</b>	<b>P</b>	<b>RR</b>	<b>Temp</b>	<b>ECG</b>	<b>Glucose</b>	<b>SpO2</b>	<b>EtCO2</b>
<b>Disposition</b> [ ] Discharged alive & well [ ] Left AMA [ ] Transported by amb. to: [ ] Follow up with:				Signature		<input type="checkbox"/> RN <input type="checkbox"/> EMT-P <input type="checkbox"/> PA/NP <input type="checkbox"/> MD <input type="checkbox"/> DO		
				Signature				

**Retain original; Give copy to patient/transporting ambulance crew**

**Northwest Community EMSS Special Event ALS Patient Care Report- 2018**  
Continuation sheet

Log #: \_\_\_\_\_

Date	Name	Location: Aid Station #: 1 2 3
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<b>V I T A L S</b>	Time	BP	P	RR	Temp	ECG	Glucose	SpO2	EtCO2

Time	Notes

Staple original to Patient Care Report  
Give copy to patient/transporting ambulance crew