

SOUTHERN TIER EMS PATIENT SUMMARY

Section 1: Call Information

Agency Name:		Agency #:			
Date of Call:		Dispatch #:		Vehicle #:	
Call Location:			Chief Complaint:		
Call Received:		Enroute:		Arrived On-Scene:	
Patient Contact:		Transport:		At Hospital:	
				Transfer of Care:	

Section 2: Patient Information

Patient Name:		DOB:		Age:		Gender:	
Address:							
City:		State:		Zip:		Telephone #:	

Section 3: Medical Information

Patient History	Vital Signs					
Physician:	Time :	B/P:	Pulse:	Respirations:	SPO2:	GCS:
Pertinent Past Medical History:	Time :	B/P:	Pulse:	Respirations:	SPO2:	GCS:
Allergies:	Time :	B/P:	Pulse:	Respirations:	SPO2:	GCS:
Medications:			Blood Glucose #1:		Blood Glucose #2:	

Section 4: Provider Narrative

Last Known Well:	
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Section 5: Treatments Rendered

Treatments Given	Medications Given
<input type="checkbox"/> Oxygen LPM via	Medication:
<input type="checkbox"/> Suction Used	Dose: Time:
<input type="checkbox"/> Oral/Nasal Airway w BVM	Medication:
<input type="checkbox"/> Defibrillation	Dose: Time:

Section 6: Refusal of Treatment

I hereby refuse (treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the Fire/Rescue EMS, ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Signed: _____ Witness: _____

Section 7: Crew Information

Crew #1 Name: _____ Provider #: _____	Crew #2 Name: _____ Provider #: _____	Crew #3 Name: _____ Provider #: _____
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Non-Hospital / Hospital Disposition Code: _____ Enter hospital code or: Treated but Transported by another Unit **004**

Refused Medical Aid or Transport **005** Call Cancelled **006** Standby No patient **007** No Patient Found **008** Other **010**