

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 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:	Crew #2:	Crew #3:
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Signature of Receiving Hospital Agent: _____

Note: Acknowledges receiving patient on above date.