	ESEE COUNTY MEDICAL CO		I HOKI I	I I AWID		E KUN KI ASSESSMENT		ST	
	CERUN #	TRANS PRIOR	PUPILS:			AL REACTIVE			ED
VEH I.D.25- DESTINATION I II III IV						-			
INCIDENT LOCATION_			SKIN:		□ NORMAL □ HOT □ COLD □ DIAPHORETIC				
INCIDENT TWP/CITY	CIDENT TWP/CITYBASE#ZIP		SKIN COLOR:		□ NORMA				
Call Start Scene Depart	Dest. ALS Final Dete	ermined By	□ FLUSHED				ALE □ ASHEN □CYANOTIC		
Time	BLS	EMT-P	PULSE:		□ NORMAL □ WEAK □ IRREG □ ABSENT				
Mileage	HOSP	ALS/NA			□ BOUND	ING			
Communications: HERN UHF Destination: □ No Pref □ Patient/Family	FAILED OTHER		BREATH S	SOUNDS:	□ NORMA □ ABSEN		ZE □RA RED □OT		□ STRIDOR
•			ABDOME	N:	□SOFT	□ RIGID	□ DIS	TENDED	□нот
Address				L MUSCLE					□NO
CityStateZip_				L MOSCLE	ARM □R □L LEG □R □L				
Phone () Physician				MOTOR DEFICIT □YES □NO ARM □R □L LEG □R □L					
SS# Next of Kin				PAIN SCALE: BEFORE MEDICATION AFTER MEDICATIO					
	Coverage Code			B/P	Pulse I	Resp GCS	TEMP	SAO2	Glucose
	Group #		TIME	COURSE O	F TREATMEN	NT MEDIC.	ATIONS		PTCL/MC
	Medicaid #								
Allergies									
Medical History: ASTHMA, CARDIAC, CO	OPD, DIABETES, HYPERTENSION, SEIZURE,	CHF.							
Other_									
Current medications:									
CAR SEAT YES / NO SEAT BELTS YES / NO	HELMET YES / NO BIRTH TIME(S)								
Dispatch Info	T-1T-2								
Chief Complaint									
Narrative									
			PATIENT MANAGEMENT - AIRWAY □ PATENT □ ORAL □ NASO □ SUCTION						
			AIKWAT	_	IDLA DE			ILED ET A	
			SPINAL	_	□ C-COL	LAR	□ CID [LONG	□ SHORT
			OXYGEN	ī	□ NASAI	_ □ MASK □	⊒ BVM		_L/MIN
			LIMB			W □ BOARD [_
			SPLINTS			TION DPULSI			
	BLEEDING □BANDAGE (MNR) □BANDAGE (MJR) □PRESSURE DRESSING FAILED IV/IO ATTEMPTS EXTRICATION MINUTES								
		DRUG BOX # NEW OLD NARCOTICS WASTE:							
		A-PACK # NEW OLD							
			•						
						-			
DRIVER	PARAMEDIC	EMT_				OTHER			
RECORDED BY	MD/DO SIGNATURE	MD/DO PRIN	TED						