

1 Patient Information**Name:** _____**Age / Sex:** _____**DOB (if available):** _____**Date of Service:** _____**Incident Location:** _____**EMS Unit / Agency:** _____**Crew Members:** _____**D Dispatch****Nature of call as dispatched:** _____**Dispatch time:** _____**Unit response time:** _____**Scene arrival time:** _____**Priority level (emergent / non-emergent):** _____**C Chief Complaint**

Primary reason for EMS activation in the patient's own words, or as reported by bystanders/caregivers...

H History

Events leading to EMS activation. Symptom onset, duration, and progression. Past medical history if available. Medications and allergies. Last oral intake. Information obtained from patient, family, or bystanders...

A Assessment**| GENERAL IMPRESSION****General Impression:** _____**Mental Status (alert, oriented, altered, GCS):** _____**Airway (patent, obstructed):** _____**| BREATHING & CIRCULATION****Breathing (rate, effort, lung sounds):** _____**Circulation (pulse, perfusion, skin signs):** _____**| VITAL SIGNS****BP:** _____**RR:** _____**Temperature:** _____

HR: _____

SpO₂: _____

GCS (if applicable): _____

FOCUSED PHYSICAL EXAM

Findings relevant to chief complaint...

R Rx — Treatment

Interventions (e.g., oxygen, IV access, immobilization). Medications administered (name, dose, route, time). Procedures performed (e.g., airway management, CPR, defibrillation). Patient response to interventions...

T Transport

Mode of transport (emergent / non-emergent): _____

Patient positioning: _____

Changes in condition during transport: _____

Monitoring performed en route: _____

Destination facility: _____

E Exceptions

Delays in response or transport. Patient refusal or non-compliance. Equipment issues. Communication challenges. Any unusual circumstances...

D2 Disposition

Condition of patient at handoff: _____

Receiving facility and provider: _____

Report given (verbal / written): _____

Patient belongings transferred: _____

EMS Provider Name(s) and Certification Level: _____

Date: _____

Time: _____