



**NorthFork
Ambulance**

Patient Worksheet

Times

Oxygen
ALS Rendezvous
Medical Control
Radio report to ER

Patient Name _____ DOB _____ Age _____ Sex _____ Incident Location _____

Patient Address _____ City _____ State _____ ZIP _____ Patient's Physician _____

CHIEF COMPLAINT / MECHANISM OF INJURY _____ [] Medical [] Trauma

PATIENT INJURED? YES | NO ONSET TIME ____: ____ IMPRESSION [] MILD [] MODERATE [] SEVERE

MENTAL STATUS [] ALERT & ORIENTED X _____ [] VERBAL [] PAIN [] UNRESPONSIVE

PATIENT NOTES | INFORMATION RELEVANT TO NARRATIVE

PUPILS _____ LUNG SOUNDS _____ AIRWAY _____

SAMPLE HX | GENERAL IMPRESSION | HEENT | CARDIO VASC | RESP | ABDOMINAL | BACK | EXTREMITIES | NEURO

PHYSICAL EXAM FINDINGS

ONSET	RADIATION	QUALITY	SYMPTOMS
LOCATION	DURATION	PRECEDING	RELIEVES

VITAL SIGNS

TIME	B/P	PULSE	TEMP	RESP	O2 SAT	ROOM/O2	O2 RATE	SKIN	BG
					%				
					%				
					%				
					%				

IV ACCESS

TIME	GAUGE	SITE	RATE	EMT

MEDICATIONS

TIME	MEDICATION	ROUTE	DOSE	PHYSICIAN	MEDICAL CONTROL

AIRWAY

TIME	BVM	ORAL AIRWAY SIZE	NASAL SIZE	KING TUBE SIZE