

Assessment 1 WNS HPI R

DISPATCH	Run Number		Run Date		Dispatch Time		Crew Members		D	<input type="checkbox"/>					
	Truck Number		Run Type	<input type="checkbox"/> ALS <input type="checkbox"/> CCT <input type="checkbox"/> BLS	Enroute		At Pt.		P	<input type="checkbox"/>					
	Odometer at Start		Odometer at Scene		At Ref.		Lv. Pt.		D	<input type="checkbox"/>					
	Odometer at Rec.		Odometer at End		Lv. Ref.		Avail.		P	<input type="checkbox"/>					
	Dispatch Location														
PATIENT MEDICAL SURVEY	Patient Name				Date of Birth		Age Years		M	<input type="checkbox"/>					
	Patient Address					Phone Number									
						Social Security									
	HPI														
	Past Medical History					Additional PMHx									
	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> CHF	<input type="checkbox"/> GI Bleed	<input type="checkbox"/> Psychiatric											
	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> PVD											
	<input type="checkbox"/> Atrial Fib	<input type="checkbox"/> CVA	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures/Convulsions											
	<input type="checkbox"/> CABG	<input type="checkbox"/> Dementia	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Smoker											
	<input type="checkbox"/> CAD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> None - reported by family	<input type="checkbox"/> Substance Abuse											
<input type="checkbox"/> Cancer	<input type="checkbox"/> ESRD	<input type="checkbox"/> None - reported by patient	<input type="checkbox"/> TIA												
Allergies		Current Medications													
<input type="checkbox"/> NKDA				Common	Name	Dose	Name	Dose							
<input type="checkbox"/> PCN				<input type="checkbox"/> None											
<input type="checkbox"/> Sulfa				<input type="checkbox"/> Albuterol											
<input type="checkbox"/> Latex				<input type="checkbox"/> ASA											
<input type="checkbox"/> IVP Dye				<input type="checkbox"/> NTG											
Chief Complaint			Initial GCS	Neuro			L	Pupils	R						
				A	<input type="checkbox"/>	V	<input type="checkbox"/>	P	<input type="checkbox"/>	U	<input type="checkbox"/>				
				Y	<input type="checkbox"/>			N	<input type="checkbox"/>	React					
Respiratory Effort		L	Breath Sounds	R	Skin Temp		Skin Temp Taken Via		Cap Refill						
					<input type="checkbox"/> Cool	<input type="checkbox"/> Hot	°C	<input type="checkbox"/>	<input type="checkbox"/> Delayed						
					<input type="checkbox"/> Warm		°F	<input type="checkbox"/>	<input type="checkbox"/> Brisk						
Skin Moisture		Skin Color			JVD	Edema									
<input type="checkbox"/> Dry	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Normal	<input type="checkbox"/> Pale-Ashen	<input type="checkbox"/> Jaundice											
<input type="checkbox"/> Moist	<input type="checkbox"/> Clammy	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Flushed	<input type="checkbox"/> Mottled											
PROCEDURES + VITAL SIGNS	Time	Crew	Procedure	Action/Medication	Size	HR	BP	SaO2	EtCO2	Resp	Res Effort	Rhythm	Glu.	Pain	GCS
		#1 <input type="checkbox"/>					/								
		#2 <input type="checkbox"/>						/							
		#1 <input type="checkbox"/>						/							
		#2 <input type="checkbox"/>						/							
		#1 <input type="checkbox"/>						/							
		#2 <input type="checkbox"/>						/							
NOTES															
DISPOSITION	Outcome			Destination			Condition Upon Arrival				Mode				
											<input type="checkbox"/> Lights + Sirens <input type="checkbox"/> No Lights + Sirens				
	Patient Position in Vehicle			Destination Basis			Crew Signature		Crew #1 <input type="checkbox"/> Crew #2 <input type="checkbox"/>						
Rec'd By					Receiving Signature										
REFUSAL	This is to certify that I, _____, am refusing treatment and/or transportation to the hospital. I acknowledge that I have been informed of the risk(s) involved in such a refusal and hereby release Demo Service from any and all liability resulting from my decision.														
	Patient Signature					Witness Signature									