INTERIM PATIENT REPORT

Ambulance Co:	Date:	❒ M ❒ F	Age:	Weight: ❒ KG ❒ Lbs.	Time of onset:
Incident #:					
Pt. Name:	Address:				

C/C:	***Trauma:*** ❒ Meets TT Criteria ❒ Meets "Critical Trauma" LOC? ❒ Yes How Long? ❒ No ❒ Unknown
Event HX:	❒ MVC ❒ MCC ❒ Bicycle — Est. Speed: / Extrication Time: — Damage: ❒ Major ❒ Minor / Impact Type: ❒ Rollover ❒ Driver ❒ Front ❒ Ejected ❒ Passenger ❒ Back
	Safety Equipment: ❒ None ❒ Seatbelt ❒ Helmet ❒ Unknown ❒ Airbag ❒ Protect. Gear ❒ Incorrect Use ❒ Car Seat ❒ Other:
PMH: ❒ Cardiac ❒ Stroke ❒ HTN ❒ CA ❒ Psych ❒ Diabetes ❒ COPD ❒ Other:	Other Trauma: ❒ Pedestrian ❒ Fall ____Ft. ❒ GSW Caliber: ❒ Assault ❒ Stab ❒ Law at scene ❒ Self Inflicted
PMD: Specialist:	
Meds: ❒ See List	***Medical*** Problem List:
Allergies: ❒ NKDA	Treatment PTA:

Time	Bp	P	R	T	O_2Sat	Pain	GCS			Pupils	CM - Rhythm	O_2/L	Delivery
						/10					❒ w/ectopy		
Time	**Bp**	**P**	**R**	**T**	**O_2Sat**	**Pain**	**GCS**			**Pupils**	**CM - Rhythm**	**O_2/L**	**Delivery**
						/10					❒ w/ectopy		

Treatment:

Pt. Response: ❒ Improved ❒Maintained ❒ Improved ❒ Deteriorated

Destination: ❒ Pt. Request ❒ BH Order ❒ Closest ❒ Diversion ❒ Law ❒ Trauma Ctr. ❒ Specialty Ctr.

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