



13-0104A

Patient Tracking Worksheet

Nor-Cal EMS Policy & Procedure Manual

Disaster Medical

Effective Date: 05/05/2020

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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Incident Location / Name			Incident Date	Form Completed By			Contact Telephone #		
Triage Status	Triage Tag # (last 4)	Age	Primary Injury Type	County of Origin Code*	Transport Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Gender							
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							
I D M		M F U							

* COUNTY OF ORIGIN CODES

Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU) Shasta (XSH)
 Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Take a picture of the completed worksheet with a smartphone and email to RDMHS.Region3@ssvems.com AND to mail@norcalems.org