



1304 D1

Patient Tracking Worksheet

Nor-Cal EMS Policy & Procedure Manual

Treatment Guidelines

Effective Date: 03/01/2025

Next Revision: 03/01/2028

Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR

SIGNATURE ON FILE

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							
ID M									
		M F U							
ID M									
		M F U							
ID M									
		M F U							
ID M									
		M F U							
ID M									
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ID M									
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ID M									
		M F U							
ID M									
		M F U							
ID 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



1304 D2

Transportation Resource Staging Worksheet

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INCIDENT NAME:

GROUND AMBULANCE/ HEMS COORDINATOR:



1304 D3

Treatment Area Log- Immediate, Delayed, Minor or Morgue (Circle one)

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