



University of San Jose – Recoletos  
Adelante Life Emergency Rescue Team  
PRE-HOSPITAL DATA FORM



CASE NUMBER		DATE		DISPATCH TIME			
LAST NAME		FIRST NAME			MI	AGE	SEX
PATIENT ASSESSMENT							
CHIEF COMPLAINTS							
	LEVEL OF CONSCIOUSNESS			AIRWAY			
	NATURE OF ILLNESS			BREATHING			
	MECHANISM OF INJURY			CIRCULATION			
	CONSIDERATION FOR C SPINE						
VITAL SIGNS			PATIENT PRIORITY		<input type="radio"/> HIGH PRIORITY <input type="radio"/> LOW PRIORITY		
VITAL	TIME H	TIM H	TIME H	HISTORY TAKING			
TEMP ( °C)				S A M P L E	SIGNS AND SYMPTOMS		
BP (mmHg)					ALLERGIES		
RR (RPM)					MEDICATION		
PULSE (bpm)					PAST MEDICAL		
SpO2 (%)					LAST INTAKE		
GCS					EVENTS PRIOR		
RTS							
RBS (mg/dl)							
PROVIDER IMPRESSION				MANAGEMENT:			
SECONDARY ASSESSMENT							
D	DEFORMITIES		PAIN ASSESSMENT			APGAR SCORE	
C	CONTUSION		O	ONSET		APPEARANCE	
A	ABRASION		P	PROVOCATION		PAIN	
B	BURN		Q	QUALITY		GRIMACE	
P	PUNCTURE		R	RADIATION		ACTIVITY	
T	TENDERNESS		S	SEVERITY		RESPIRATION	
L	LACERATION		T	TIMING			
S	SWELLING					TOTAL	
NOTES:							
TEAM INFORMATION				ENDORSEMENT			
TEAM LEADER				RECEIVING FACILITY			
CREW				RECEIVING PERSONNEL			TIME RECEIVED
VEHICLE/ AMBULANCE		TIME DEPART		TIME ARRIVED			

INFORMED CONSENT

I knowingly and willingly submit myself to any/all range of medical services that the USJR ALERT EMS personnel will provide. The type and extent of treatment I will receive will be determined based on the thorough and holistic assessment of the responder. I know the information shared with USJR ALERT EMS staff is confidential and no information will be disclosed to the receiving without my consent.

Also, I waive USJR ALERT EMS responders and personnel of any liabilities after they divulge me from their professional care.

I have fully read and fully understood the above statement.

\_\_\_\_\_  
Patient name and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Guardian name and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

REFUSAL OF TREATMENT OR TRANSPORT

This form is being provided to me because I have refused assessment and treatment and/or refused transport to the nearest hospital via USJR ALERT EMS ambulance for myself (or on behalf of this patient.)

- I understand that the Medics or the Ambulance Nurses are not physicians and are not qualified to make a diagnosis and that their intervention is not a substitute for that of a physician in the hospital.
- I recognize that there may be a serious injury or illness that could get worse if without medical attention even though I (or the patient) may feel fine at the present time.
- I understand that I may change my mind and dial \_\_\_\_\_; or other means of communication if assistance or treatment is needed later.
- I acknowledge that this advice has been explained to me by the EMS and that I have read this form and understand its terms.

\_\_\_\_\_  
Signature over Printed Name of Patient/SO

\_\_\_\_\_  
Signature over Printed Name of Witness

REFUSAL FOR ADMISSION

Medical Facility: \_\_\_\_\_

By signing this document, I acknowledge that the patient’s medical condition has been properly endorsed by the USJR ALERT EMS responder, to the medical facility stated above and to the physician/Nurse on duty. Despite this, the facility refuses or declines to admit the patient due to: \_\_\_\_\_

Reason for refusal:

\_\_\_\_\_  
Physician / Nurse on Duty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date