



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	
<b>PATIENT ASSESSMENT</b>								
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	TIME M	TIME S	<b>HISTORY TAKING</b>				
TEMP ( °C)			S					SIGNS AND SYMPTOMS
BP (mmHg)			A					ALLERGIES
RR (RPM)			M					MEDICATION
PULSE (bpm)			P					PAST MEDICAL
SpO2 (%)			L					LAST INTAKE
GCS			E					EVENTS PRIOR
RTS								
RBS (mg/dl)								
PROVIDER IMPRESSION				MANAGEMENT:				
<b>SECONDARY ASSESSMENT</b>								
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		TOTAL	
S	SWELLING							
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