

Midland Park Ambulance Corps Patient Care Report

Date:		Unit:	Patient # of	End Mileage:	<input type="checkbox"/> Mutual Aid To: 		
Patient Information	Age:	DOB:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Times (Military): Dispatched: In Service: On Scene: In Route: Arrived: Available: Out Svc:	
	Name:						
Address:				Town:			
Call Information	Call Type:		Location of PT At Scene:				
	Location of Call:			PT's Physician:			
<input type="checkbox"/> PT's Home <input type="checkbox"/> Other							
Clinical Information	Chief Complaint:		Time of Symptom Onset:				
	Aid Given:		Given By: <input type="checkbox"/> PD <input type="checkbox"/> Family <input type="checkbox"/> Bystander <input type="checkbox"/> Other:				
	Allergies:						
	Medications:						
Remarks:							
Vitals							
Time	BP	Pulse	Respirations	Lung Sounds	Consciousness	Pupils	SKIN
Treatment/Interventions Given		Injured Area:				Loss of Consciousness	
		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen </div> <div> Arm <input type="checkbox"/> <input type="checkbox"/> Hip Hand <input type="checkbox"/> <input type="checkbox"/> Leg Foot <input type="checkbox"/> <input type="checkbox"/> </div> </div>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
		CREW <input type="checkbox"/> Duty <input type="checkbox"/> 2nd Rig <input type="checkbox"/> General				ALS	
		Driver ID# to scene _____ to hospital _____ to garage _____ Crew: _____ On Scene: _____				Unit # _____ <input type="checkbox"/> Not Called <input type="checkbox"/> Unavailable <input type="checkbox"/> Cancelled by PD <input type="checkbox"/> Cancelled by BLS <input type="checkbox"/> Cancelled by MD <input type="checkbox"/> Responded & Released <input type="checkbox"/> Responded ALS Transport <input type="checkbox"/> Responded No Transport	
Patient Transferred To:							
<input type="checkbox"/> None <input type="checkbox"/> Valley <input type="checkbox"/> Other Passengers: Equipment Left:							
Call Outcome		Preparer's				<input type="checkbox"/> RMA Attached	
<input type="checkbox"/> BLS Transport <input type="checkbox"/> BLS/ALS Transport <input type="checkbox"/> Air Transport <input type="checkbox"/> Refusal (Attach RMA Form) <input type="checkbox"/> D.O.A. <input type="checkbox"/> Cancelled <input type="checkbox"/> Other / Non-Emergency <input type="checkbox"/> Unable to fill rig / No Crew		Signature: _____ ID#: _____					