**EMERGENCY ACTIVATION CALL TAKING FORM**

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| Name/Title (caller) |  |
| Phone number | Caller:  At location of patient: |
| Location of Patient | Name of location HEMS is required:  **(MUST BE SPELLED CORRECTLY)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Ask the referrer to spell phonetically 2. Check Daily IVLL 3. Seek support from ADA Ops 4. Seek support from Medic 1 5. Contact HEMS manager   **Medical**  **Trauma** |
| Primary Complaint |  |

**ONLY ONCE TEAM HAVE BEEN ACTIVATED OBTAIN FOLLOWING INFORMATION**

|  |  |
| --- | --- |
| Age/Sex of Patient |  |
| Name of OPCO  (Verify it is not the company but the OPCO) |  |