Paramedic Patient Care Report

An Elegant Standard for Emergency Medical Documentation

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Patient	Int∩rm	ation
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•	Full Name: Date of Birth: Age: Gender: Address: Contact Number:
Inci	dent Details
•	Date of Incident: Emergency Call Time: Arrival at Scene: Departure from Scene: Hospital Arrival: Location: Nature of Call: (Trauma, Cardiac, Respiratory, Other) Referring Agency/Caller:
Chie	ef Complaint
•	Primary Complaint:

Patient Assessment

• Initial Assessment: (General appearance, distress level, consciousness, etc.)

Vital Signs:

Time	Blood Pressure	Pulse	Respiratory Rate	SpO ₂	Temperature	GCS

• Physical Examination Findings:

Interventions & Treatments	
 Intervention: (Oxygen Therapy, IV Access, Medication, CPR) Time Administered: Response to Treatment: 	
Medical History	
 Past Medical History:	
Transport & Disposition	
 Destination Facility: Transport Mode: (Emergent/Lights & Siren, Non-Emergent/Routine) Transfer of Care To: 	
Narrative Summary	
Provide a detailed, chronological account of observations, actions, and patient responses	:
EMS Crew Information	
 Paramedic Name(s): EMT/Driver Name: Signature: Date & Time of Completion: 	
Additional Remarks	

This template is designed to facilitate thorough and precise documentation, blending clarity and
professionalism for the highest standards in emergency medical record keeping.