Ambulance Patient Care Report

Agency Name	Date of Incident	Call Number	Incident Number

Response Times			Response Information			Personnel	Driver	
PSAP Call None	Arrive Scene	In Service Yes	PCR Number	Starting Mileage		Attendant	❑ To Scene ❑ To Dest.	1
Dispatch Notified	Arrive Patient	Unit Cancelled	# of Patients	MCI ❑ Yes ❑ No	At Scene Mileage	Attendant	❑ To Scene ❑ To Dest.	2
Unit Dispatched	Leave Scene	In Quarters	Responding Unit Unit 322		Dest. Mileage	Attendant	❑ To Scene ❑ To Dest.	3
Enroute	Arrive Dest.		Crew Number		Ending Mileage	Attendant	❑ To Scene ❑ To Dest.	4

Incident Information

Incident Address			Room/Apt
1700 This Way			
City	County	State	Zip Code
	USA		

Type of Location

❑ Airport ❑ Home/Residence ❑ Mine or Quarry ❑ Residential Institution ❑ Other
❑ Farm ❑ Industrial Place ❑ Place of Sport ❑ Street or Highway
❑ Healthcare Facility ❑ Lake, River ❑ Public Building ❑ Trade or Service

Response Request	To	Response Mode	From	Disposition
❑ Response (Scene) ❑ Interfacility Transfer ❑ Medical Transport (Scheduled) ❑ Standby ❑ Intercept ❑ Mutual Aid	❑	Lights and Siren	❑	Treated: ❑ Transported by EMS ❑ Transferred Care ❑ Released ❑ Cancelled ❑ Patient Refused Care ❑ Dead at Scene
	❑	No Lights or Siren	❑	
	❑	Initial No Lights and Siren Upgraded to Lights and Siren	❑	
	❑	Initial Lights and Siren Downgraded to No Lights and Siren	❑	

Patient Information

Last Name	First Name	M.I.

Address		Room/Apt
City	County	State

Zip Code	Phone Number	KG / LB	Gender
	( ) -	LB	M / F

Social Security Number	DOB	Age
- -	/ /	

Patient Physician	Guardian Name

Race	Ethnicity
❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ White ❑ Hawaiian or Other Pacific Islander ❑ Other	❑ Hispanic or Latino ❑ Not Hispanic or Latino

Prior Aid (Select All That Apply)

	Airway:	Performed By	Outcome/Condition
❑ AED - ERU ❑ AED - First Responder ❑ AED - Public Access ❑ CPR ❑ Extrication ❑ Spinal Immobilization ❑ Splinting	❑ BVM ❑ Combitube ❑ Nebulizer Treatment ❑ Oxygen ❑ Suction	❑ EMS Provider ❑ Law Enforcement ❑ Lay Person ❑ Other Healthcare Provider ❑ Patient	❑ Improved ❑ Worse ❑ Unchanged

Provider Impression - Primary/Secondary (Select One For Each)

First Responder Agencies

Factors Affecting Care

❑ Amb. Crash ❑ Diversion ❑ Safety
❑ Amb. Failure ❑ Extrication ❑ Traffic
❑ Crowd ❑ HazMat ❑ Weather
❑ Directions ❑ Language Barrier ❑ None
❑ Distance ❑ Staff Delay ❑ Other

Destination/Hospital Name	Facility Diverted From

Destination Determination

❑ Closest Facility ❑ Specialty Resource Ctr.
❑ Protocol Guideline ❑ Law Enforcement Choice
❑ Patient/Family Choice ❑ Diversion

Destination Type

❑ Hospital ❑ Ground Ambulance
❑ Home ❑ Police/Jail
❑ Medical Office/Clinic ❑ Morgue
❑ Nursing Home ❑ Other
❑ Air Ambulance

Primary Role of Unit

❑ ALS Ground ❑ Non-Transport
❑ BLS Ground ❑ Other Transport
❑ Critical Care Ground ❑ Rescue
❑ ERU ❑ Rotor Craft
❑ Fixed Wing ❑ Supervisor

Dispatch Reason

❑ Abdominal Pain ❑ Heart Problem
❑ Allergies ❑ Heat/Cold Exposure
❑ Animal Bite ❑ Hemorrhage/Laceration
❑ Assault ❑ Industrial Accident
❑ Back Pain ❑ Ingestion/Poisoning
❑ Breathing Problem ❑ MCI
❑ Burns ❑ Medical Transport
❑ Cardiac Arrest ❑ Pain
❑ Chest Pain ❑ Pregnancy/Childbirth
❑ Choking ❑ Psychiatric Problem
❑ CO Poisoning/Hazmat ❑ Sick Person
❑ Convulsions/Seizure ❑ Stab/Gunshot Wound
❑ Diabetic Problem ❑ Standby
❑ Drowning ❑ Stroke/CVA
❑ Electrocution ❑ Traffic Accident
❑ Eye Problem ❑ Traumatic Injury
❑ Fall Victim ❑ Unconscious/Fainting
❑ Headache ❑ Unknown Problem/Man Down