



Short Form Patient Information Sheet

Jurisdiction: _____ Unit: _____ Date: _____
Incident #: _____ Time Arrived at Hospital: _____
Age: _____ DOB: _____ Weight: _____ kg Gender: _____
Patient Name: _____
Patient Address: _____
City: _____ State: _____ Postal Code: _____
Point of Contact: _____ Phone Number: _____
Chief Complaint: _____ Onset: _____

PAST MEDICAL HISTORY MOLST Status: _____ No PMH

ALLERGIES (Medications & Environmental/Food) No Known Allergies

CURRENT MEDICATIONS No Current Medications

ASSESSMENT Priority: _____ Category: _____

Pupils: PERRL / Unequal / Fixed-Dilated Neuro: Alert / Verbal / Pain / Unresponsive
GCS: Eyes (4) _____ + Verbal (5): _____ + Motor (6): _____ = Total Score: _____
Skin: Warm / Hot / Cool / Dry / Clammy / Diaphoretic / Cyanotic
Pulse: Regular / Irregular / JVD / Peripheral Edema Cap Refill (seconds): _____

Lungs: R: Clear / Rales / Labored / Stridor / Rhonchi / Wheezes / Decreased / Agonal / Absent
L: Clear / Rales / Labored / Stridor / Rhonchi / Wheezes / Decreased / Agonal / Absent

Table with 10 columns: Time, Temp., B/P, Pulse, RR, SAO2 %, Cap, CO, BG. Row 1: (blank), (blank), (blank), (blank), (blank), (blank), (blank), (blank), (blank). Row 2: (blank), (blank), (blank), (blank), (blank), (blank), (blank), (blank), (blank).

ALERT: STROKE TRAUMA SEPSIS STEMI

ASSESSMENT (Additional)

PROCEDURES

Table with 3 main columns: Cardiac Rhythm, Cincinnati Stroke Scale, Los Angeles Motor Scale (LAMS). Cardiac Rhythm includes 12 Lead Performed/Transmitted, IV1/2/IO/EJ Started, Amount Infused, CPR Performed, ROSC. Cincinnati Stroke Scale includes Facial Droop, Arm Drift, Speech, Last Known Well Date/Time. Los Angeles Motor Scale (LAMS) includes Facial Droop, Grip Strength, Arm Drift. Other includes Airway (NPA, EGA/SGA, BVM), Oxygen (NRB, CPAP, Nasal Cannula, Bilevel-PAP, Ventilator), and Other (NDT, NGT).

Abuse Suspected (Reported Directly to Law Enforcement / Social Services)

TREATMENT

JURISDICTIONAL ADDITIONS

Printed Clinician Name: _____