Maryland Institute for
Emergency Medical Services Systems

Short Form Patient Information Sheet

Jurisdiction: _____ **Date:** _____
Incident # _____ **Time Arrived at Hospital:** _____
Unit #: _____
Age: _____ **DOB:** _____ **Wt:** _____ **Kg** **Gender:** ❑M ❑F
Priority: ❑ 1 ❑ 2 ❑ 3 ❑ 4 **Trauma Category:** ❑ A ❑ B ❑ C ❑ D
Patient's Name: _____
Patient's Address: _____
City: _____ **State:** _____
Point of Contact: _____ **Phone Number:** _____
Chief Complaint: _____
Time of Onset: _____ **Past Medical History: (DNR/MOLST ❑ A1 ❑A2 ❑B)**
Cardiac ❑ CHF ❑ Hypertension ❑ Seizure ❑ Diabetes ❑ COPD ❑ Asthma ❑
Other: _____
Current Meds: _____ _____ _____ _____
_____ _____ _____ _____ _____
Allergies: Latex ❑ Penicillin/Ceph ❑ Sulfa ❑ Other: _____

Assessments

Vitals
Time: _____
Temperature _____
B/P: _____ / _____
Pulse: _____
Respirations: _____
SAO2: _____%
Capnography: _____
Carbon Monoxide: _____

Repeat Vitals
Time: _____
B/P: _____ / _____
Pulse: _____
Respirations: _____
SAO2: _____%
Capnography: _____
Carbon Monoxide: _____

Respiration

Left		Right
❑	Clear	❑
❑	Rales	❑
❑	Labored	❑
❑	Stridor	❑
❑	Rhonchi	❑
❑	Wheezes	❑
❑	Decreased	❑
❑	Agonal	❑
❑	Absent	❑

Pulse
❑ Regular ❑ Irregular
❑ JVD ❑ Peripheral Edema
Cap Refill: _____ seconds

Skin
❑ Warm
❑ Hot
❑ Cool
❑ Dry
❑ Clammy
❑ Diaphoretic
❑ Cyanotic

GCS
Eyes (4): _____
Motor (6): _____
Verbal (5): _____
TOTAL: _____

Pupils
❑ PERRL
❑ Unequal
❑ Fixed/Dilated

Neuro
❑ A ❑ V
❑ P ❑ U

Assessment

Procedures

Cardiac Rhythm:
_____
Perform 12 Lead Yes ❑ No ❑12
Lead Transmit Yes ❑ No ❑

Glucometer:
_____
❑IV1 ❑IV2 Time Started _____
❑IO ❑EJ
Amount Infused:
_____

CPR Performed Yes ❑ No ❑
ROSC Yes ❑ No ❑
Induced Hypothermia Yes ❑ No ❑

Cincinnati Stroke Scale
Normal/Abnormal
Facial Droop Normal ❑ Abnormal ❑
Arm Drift Normal ❑ Abnormal ❑
Speech Normal ❑ Abnormal ❑
Last Known Well Time/Date: _____

Los Angeles Motor Scale (LAMS)

Facial Droop		*Grip Strength*	
Absent	0	Normal	0
Present	1	Weak Grip	1
		No Grip	2

Arm Drift	
Absent	0
Drifts Down	1
Falls Rapidly	2

Score: _____

Oxygen
❑ NRB Mask ❑ King Airway
❑ Nasal Cannula ❑ CPAP
❑ NPA/OPA ❑ NDT
❑ BVM ❑ Ventilator
❑ ET ❑ NT ❑ NGT
❑ Easy Tube

Treatment:

Jurisdictional Additions:

Print EMS Clinician Name: _____