



EDUCATIONAL PRELIMINARY PATIENT CARE REPORT

INCIDENT NUMBER	TRIP NUMBER	MONTH	DAY	YEAR	HR	MIN	MILEAGE
COURSE					RECEIVED		
911 CHIEF COMPLAINT					DISPATCHED		
					ENROUTE		
DIFFERENTIAL DIAGNOSIS					ARRIVE SCENE		
					LEFT SCENE		
					ARRIVE DEST.		
					CLEAR CALL		
					ONSET		
					SCENE		
					DEST.		
					RETURN		
					RECEIVING FACILITY/ROOM		

TIME	PULSE	BLOOD PRESSURE	SaO2	RESP	RESP EFFORT	ACCU	TEMP	LUNG SOUNDS	EYE	VERBAL	MOTOR	SKIN

TIME	INTERVENTION	DOSE/RT/SIZE	TIME	INTERVENTION	DOSE/RT/SIZE	TIME	INTERVENTION	DOSE/RT/SIZE

AGE: ____ SEX: MALE FEMALE CHIEF COMPLAINT (C):

(H)

(A)

(R)

(T)

MEDICAL HISTORY- HTN DIABETES SEIZURES CVA COPD HEART DISEASE CHF DEPRESSION ANXIETY GERD

MEDICATIONS-

ALLERGIES- PCN SULFA CODEINE NSAIDS IODINE IVP DYE

STUDENT NAME	CREDENTIALS	STUDENT SIGNATURE
	PARAMEDIC STUDENT	
PRECEPTOR NAME	CREDENTIALS	PRECEPTOR SIGNATURE

Additional Information