



Patient Chart Number: _____

Date: _____

Triage Category: _____ Injury on Duty? _____

Name: _____ Age/DOB: _____ Gender: _____

Pt contact phone: _____ Pt. address: _____

Emergency contact name/phone: _____

PMD contact: _____

Chief Complaint: _____ Allergies: _____

Current History/Mechanism of Injury: _____

Vital Signs Time: _____

BP: _____ HR: _____ Weight _____ lbs or kg (actual or est.)

Temp: _____ RR: _____

LMP: _____ Gravida: _____ Para: _____

Medical History: _____

Current Medications: _____

Triage note by: _____

Physician Review by: _____

*Please print out and attach a strip for all patients placed on the cardiac monitor



Patient Chart Number: _____

Date: _____

Pt. Name: _____

LOC: _____

Pulse Ox: _____

Skin : _____

Cap refill: _____

Lung Sounds: _____

Abdomen: _____

Extremities: _____

Weight lbs. /kg: _____

MD Order: _____

Signature: _____ MD

Printed Name: _____ MD

Signature: _____ RN / EMT-P

Printed Name: _____ RN / EMT-P

DISPOSITION: (please circle or note tracking info) TIME: _____

Discharged Home Follow up: With _____ by: _____

Transferred to health care facility: _____

Address and phone number of accepting facility: _____

Accepting Physician: _____ Report given to: _____

