

NAVAL HOSPITAL ROTA SPAIN PREHOSPITAL CARE REPORT

Physician Reviewing

Incident Type		Patients Name (Last, First, M. I.)				
Ambulance No.	MO	DAY	YEAR	Phone	DOB MO DAY YEAR	
Address of Incident			Next of Kin		Age	Sex
			Treatment Prior to Arrival			
Problem Reported As (By Dispatch)			Code Out		Code In	
			I II III		I II III	

Chief Complaint	GCS <u>Eye</u> 4 spont 3 voice 2 pain 1 none <u>Verbal</u> 5 oriented 4 confused 3 inapprop 2 incompr 1 none <u>Motor</u> 6 obeys 5 localizes 4 withdrawals 3 flexion 2 extensn 1 none	Call Received _____	_____ EVOG _____ EMT _____ MOOD _____ Receiving Treatment Facility
Current Medications		En Route _____	
Allergies (Meds)		At Scene _____	
PMhx		From Scene _____	
		At Hospital _____	
		Mileage	
		Out _____	
		In _____	

TIME	MENTAL STATUS	RESPIRATIONS	PULSE	B/P	SPO2	PAIN
	___ Alert & Oriented ___ Awake & Disoriented ___ Verbal ___ Painful ___ Unresponsive	Rate ___ Shallow ___ Deep ___ Labored	Lung Sounds ___ Clear ___ Wheezes ___ Rales ___ Ronchi	Rate ___ Strong ___ Weak ___ Regular ___ Irregular	/	/
	___ Alert & Oriented ___ Awake & Disoriented ___ Verbal ___ Painful ___ Unresponsive	Rate ___ Shallow ___ Deep ___ Labored	Lung Sounds ___ Clear ___ Wheezes ___ Rales ___ Ronchi	Rate ___ Strong ___ Weak ___ Regular ___ Irregular	/	/

Narrative/Assessment

Transportation Position Supine Prone Shock L Lateral R Lateral Sitting

I have been advised of the possible complications associated with my illness / injuries and have been offered medical treatment / transportation and I do refuse this treatment / transportation against medical advise.

Patient Signature: _____ **Witnessed By:** _____

Patient Identification

