EMS Report

Section 1. Patient Information		
Name:	Date of Birth:	
Age:	Gender:	
Chief complaint:		
Section 2. Dispatch Details		
Dispatch time:	Incident location:	
Dispatch or vehicle number:	Emergency service officer name:	
Initial report:		
Section 3. Arrival		
 Emergency medical dispatch performed: No Yes, pre-arrival by bystanders Yes, on-arrival by emergency services 	If yes , elaborate on medical dispatch details performed:	
Chief complaint (reported by dispatch):		
Initial assessment:		
Section 4. Health status		
Previous medical history:		
Medications:		
Allergies (if known):		

Patient chief complaint:		
Additional notes:		
Section 5. Vital Signs		
Level of Consciousness (L.O.C) Alert Voice Pain Unresponsive	Speech • Coherent • Incoherent • Slurred • Silent	
Skin Normal Damp Hot Cold	Colour Normal Cyanotic Flushed Pale	
Respiration • Normal • Rales • Distressed • Absent	Pulse (bpm)	
Blood Pressure Normal High Low	Additional notes/checks:	
Section 6. Physical Examination		
Yes (go to section 6a.)No (skip to section 6b.)		

Section 6a. Injury		
Cause of injury:	Injury Type: • Burn • Blunt • Penetration • Other: • Unknown	
Additional notes: Section 6b. Substance Use		
Indicators:	Additional notes (i.e., substance details):	
 None Smell of alcohol on breath Slurring or intoxicated behaviours Alcohol or drugs found on scene or on patient Patient admits to alcohol use Patient admits to drug use 		
Section 7. Additional notes	•	
Additional notes and procedures:		
Transport changes:		
Signature	Officer name	
	Date (yyyy/mm/dd)://	