

**Chief Complaint/Mechanism of Injury:**

Age: Sex: Male Female Transporting to: ETA:

**S**igns/Symptoms:

**A**llergies:

**M**edications:

**P**ast History:

**L**ast Oral Intake:

**E**vents Leading up to:

**VITAL SIGNS:**

Time: \_\_\_\_\_ L.O.C. \_\_\_\_\_  
Resp: Rate \_\_\_\_ Depth \_\_\_\_\_ Rhythm \_\_\_\_\_  
Pulse: Rate \_\_\_\_ Rhythm \_\_\_\_\_ Char \_\_\_\_\_  
B/P: \_\_\_\_ / \_\_\_\_ SpO<sub>2</sub>: \_\_\_\_\_ % on \_\_\_\_\_  
Skin: Color \_\_\_\_\_ Condition \_\_\_\_\_  
Eyes: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Cardiac Rhythm: \_\_\_\_\_

**O**nset:

**P**rovocation:

**Q**uality:

**R**adiation:

**S**everity:  
1 2 3 4 5 6 7 8 9 10

**T**ime:

**PHYSICAL ASSESSMENT:**

Head: \_\_\_\_\_ D  
Neck: \_\_\_\_\_ C  
Chest: \_\_\_\_\_ A  
Abdomen: \_\_\_\_\_ P  
Pelvis: \_\_\_\_\_ B  
Legs: \_\_\_\_\_ T  
Arms: \_\_\_\_\_ L  
\_\_\_\_\_ S

**TREATMENT IN PROGRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_