MOUNTAIN-VALLEY EMS FIRST RESPONDER REPORT

Call Date ____/____/____	Department	Unit Number	Incident Name/Number	Medical Aid Number

Response / Code / Transport	Time of Call	Time Enroute	Time Arrived on Scene	Time Left Scene/ Call Canceled	Mechanism of Injury
Response: ☐ 1 ☐ 2 ☐ 3 — Code — Transport: ☐ 1 ☐ 2 ☐ 3					

Patient Name (last, first, MI)	Patient Address	Incident Location

Patient Age	Patient DOB ____/____/____	Patient Gender p Male p Female	Est. Patient Weight	No. Pts. at Scene

Chief Complaint ______________________________ Allergies ______________

Medical History ______________________________ Medications ______________

Initial Physical Examination

	Unremarkable	
Head	☐	______
Neck	☐	______
Chest	☐	______
Abdomen	☐	______
Back	☐	______
Pelvis	☐	______
Limbs	☐	______
Neuro	☐	______
Skin Signs	☐	______

GCS

Eye	**Verbal**	**Motor**
4 spont	5 oriented	6 obeys
3 voice	4 confused	5 localizes
2 pain	3 inappropriate	4 withdrawal
1 none	2 incomprehensible	3 flexion
	1 none	2 extension
		1 none

TIME E + V + M = TOTAL

_____ ___ + ___ + ___ = _____

Care Giver	Time	Procedure DESCRIPTION	Response/Comments	Blood Pressure	Pulse Rate	Resp Rate
				/		
				/		
				/		
				/		
				/		
				/		
				/		

☐ REFUSAL OF SERVICE

I HEREBY RELEASE ____________________________________ OF ANY LIABILITY WHICH MAY BE INCURRED DUE TO ANY REFUSAL OF THEIR SERVICES. I HAVE BEEN ADVISED TO SEE A PHYSICIAN OF MY CHOICE.

____ ____________

PATIENT'S OR RESPONSIBLE PERSON'S SIGNATURE DATE

(Hospital Use Only)

Special Scene Conditions

- ☐ Fire
- ☐ Complicated extrication
- ☐ DNR
- ☐ Drug use suspected
- ☐ ETOH use suspected
- ☐ Haz-mat
- ☐ MCI
- ☐ Mult. EMS providers
- ☐ Poss provider exposure
- ☐ Unsafe scene
- ☐ Other ____________

Safety Eq Used

- ☐ Lap restraint
- ☐ Lap/shoulder restraint
- ☐ Child safety seat
- ☐ Airbag
- ☐ Helmet
- ☐ Protective clothing

MVA Conditions

- ☐ Bent steering wheel
- ☐ Death in same vehicle
- ☐ Ejection
- ☐ Passenger compartment intrusion
- ☐ Rollover

Care Transferred To — Agency	Time
Name	

Name (print)

Rpt.p ______________________________