



Brandeis Emergency Medical Corps

Waltham, Massachusetts 02454

(781) 736-4263



Date		Run #		Brandeis Affiliate <input type="checkbox"/> yes <input type="checkbox"/> no		En Route		Use Military Times	
PATIENT INFORMATION									
SEX: M <input type="checkbox"/> F <input type="checkbox"/>	AGE:	DATE OF BIRTH		SOCIAL SECURITY NUMBER					
FIRST	M.I.	LAST							
STREET ADDRESS: (MAIL BOX)				APT. NO.:					
CITY:			STATE:			ZIP:			
HOME PHONE: (CAMPUS EXT.) ()		CAMPUS RESIDENCE			Dispatched to				
PAST MEDICAL HISTORY:		MEDS:			Dispatch Information				
		ALLERGIES:			GLASGOW COMA SCALE				
					EYES: 4-SPONTANEOUS 3-VOICE 2-PAIN 1-UNRESPONSIVE _____ VERBAL: 5-ORIENTED 4-CONFUSED 3-INAPPROPRIATE 2-GARBLLED 1-NONE _____ MOTOR: 6-OBEYS 5-LOCALIZES 4-WITHDRAWS 3-FLEX 2-EXTEND 1-NONE _____				
VITAL SIGNS					PHYSICAL ASSESSMENT				
<input type="checkbox"/> UNABLE TO OBTAIN		REASON:			AVPU: <input type="checkbox"/> ALERT <input type="checkbox"/> VERBAL <input type="checkbox"/> PAINFUL <input type="checkbox"/> UNRESPONSIVE SKIN: <input type="checkbox"/> COOL <input type="checkbox"/> COLD <input type="checkbox"/> WARM <input type="checkbox"/> HOT <input type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> CYAN. <input type="checkbox"/> MOTTLED <input type="checkbox"/> FLUSHED <input type="checkbox"/> DRY <input type="checkbox"/> MOIST <input type="checkbox"/> DIAPHORETIC PUPILS: <input type="checkbox"/> PEARL <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTR. <input type="checkbox"/> SLUG. <input type="checkbox"/> UNEQUAL <input type="checkbox"/> UNREACTIVE LUNGS: <input type="checkbox"/> CLEAR <input type="checkbox"/> STRIDOR <input type="checkbox"/> RALES <input type="checkbox"/> RHONCHI <input type="checkbox"/> WHEEZE <input type="checkbox"/> ABSENT <input type="checkbox"/> DIMIN.				
TIME	BP	PULSE	RESP.	TEMP.	OXYGEN: <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> NRB LPM _____				
Patient Refusal for Care or Transportation I acknowledge that I have refused emergency treatment and/or transport offered by the Brandeis Emergency Medical Corps., having been informed of possible risks to my well-being which may result from this refusal. I hereby release the above E.M.S. personnel, consulting physician, and University Health Services from all responsibility for any ill effects which may result from this refusal. Signed _____ Date _____ Witnessed _____						Receiving Facility <input type="checkbox"/> UHC <input type="checkbox"/> Unknown <input type="checkbox"/> DWH <input type="checkbox"/> Other _____			
<div style="text-align: right; margin-right: 50px;"> EMT Signature _____ # _____ </div>									
Patient Disposition <input type="checkbox"/> Refusal <input type="checkbox"/> Pt not found <input type="checkbox"/> Ambulance (<input type="checkbox"/> ALS # _____ <input type="checkbox"/> BLS # _____) <input type="checkbox"/> Campus Police (# _____) <input type="checkbox"/> BEMCo truck Transported <input type="checkbox"/> with <input type="checkbox"/> without incident					Primary (signature) _____ # _____ Secondary (print) _____ # _____ Tertiary (print) _____ # _____ Supervisor (print) _____ # _____				
I understand that if my health insurance is the plan managed by The Chickering Group and offered through Brandeis University, it may not cover hospital bills when a patient is transported to the Deaconess Waltham Hospital without a prior referral by Brandeis University Health Services. Date: _____ Signed: _____ Name printed: _____									

WHITE - OFFICE

PINK - UHC

CANARY - RECEIVING FACILITY