ARIZONA STATE UNIVERSITY – STUDENT EMERGENCY MEDICAL SERVICES
PATIENT CARE REPORT

UNIT: INCIDENT #: DATE: / /
LOCATION:
Times: DISPATCHED | | RESPONDING | | ON SCENE | | CLEARING | |
CREW INFORMATION
CREW MEMBER 1 NAME: SEMS ID #: x:
CREW MEMBER 2 NAME: SEMS ID #: x:
CREW MEMBER 3 NAME: SEMS ID #: x:

PATIENT INFORMATION
NAME: DOB: / / AGE:
GENDER: [ ] MALE [ ] FEMALE [ ] UNKNOWN [ ] ASU AFFILIATE (ASU 10-DIGIT ID #:)
CHIEF COMPLAINT: ONSET TIME |
ALLERGIES:
MEDICATIONS:
PAST MEDICAL HISTORY:

PATIENT VITAL SIGNS
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<th>LOC</th>
<th>RESPIRATIONS</th>
<th>PULSE</th>
<th>S,02</th>
<th>GLUCOSE</th>
<th>BP</th>
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CLINICAL FINDINGS
LocalStorage: no significant clinical findings – see CLINICAL FINDINGS worksheet for criterion.
SKIN:
HEAD/FACE:
NECK:
CHEST:
ABDOMEN:
PELVIS:
EXTREMITIES:
POSTERIOR:

INTERVENTIONS PERFORMED
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<th>Intervention:</th>
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<th>Time:</th>
<th>Response:</th>
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TREATMENT NARRATIVE

SURVEY (OPTIONAL)
A: B: C: D:

DISPOSITION
CARE REFUSED? [ ] YES [ ] NO TRANSPORTATION REFUSED? [ ] YES [ ] NO (If yes to either, refusal form must be completed.)
CARE TRANSFERRED TO OTHER AGENCY? [ ] YES [ ] NO NAME OF AGENCY:
NAME OF PERSON ACCEPTING PATIENT: CERT:
TIME CARE TRANSFERRED: | | | SIGNATURE OF PERSON ACCEPTING PATIENT: