

Place for sticker

### EMS Preliminary Run Report

EMS

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

City: \_\_\_\_\_

DOB: \_\_\_\_\_

State: \_\_\_\_\_

Age: \_\_\_\_\_

Zip: \_\_\_\_\_

#### Medical History

- Cardiac
- CHF
- Myocardial Infarction
- Hypertension
- Diabetes – Insulin
- Diabetes – Non-Insulin
- Other \_\_\_\_\_

- Psychiatric
- Cancer
- Seizures
- CVA/TIA
- Asthma
- COPD
- Smoker
- Illicit Drugs

**Chief Complaint:** \_\_\_\_\_

**Brief Hx:** \_\_\_\_\_

**Meds (Given by Life Squad):** \_\_\_\_\_

**Meds (Prescription):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Time	Pulse	B/P	Resp.	SPO <sub>2</sub>	Glucose	GCS

Has the patient been hypotensive at any time?    Yes            No

Did Patient lose consciousness at any time?    Yes            No

**Procedures:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_