



PATIENT REPORT FORM



PATIENT INFORMATION		Date:
Name:	M / F	Birthdate:
Address:		
Emergency Contact Name / Phone:		
Describe What Happened or Chief Complaint:		
INITIAL ASSESSMENT COMMENTS (ABCDE):		

SECONDARY ASSESSMENT	
TRAUMA: Start with Head-to-Toe Assessment or MEDICAL: Start with SAMPLE / HISTORY	
HEAD-TO-TOE ASSESSMENT – Palpate for DOTS Assess CSM’s, EXPOSE Injury, Ask OPQRST	SAMPLE / HISTORY QUESTIONS
HEAD / NECK:	S: Signs -
SHOULDERS / CLAVICAL:	A: Allergies -
RIB CAGE:	M: Medications (Prescription & OTC & Supplements)
ABDOMEN / LUMBAR REGION:	P: Past Relevant History -
HIPS / PELVIS:	L: Last In / Out -
UPPER EXTREMITIES:	E: Events Leading Up To -
LOWER EXTREMITIES:	Concerns:
BACK / SPINE:	
OBSERVATIONS / CONCERNS:	OPQRST In relation to injury or illness
	O: Onset (slow, fast) -
	P: Provoke (what makes better or worse)-
	Q: Quality (throb, stab, sharp, etc) –
	R: Region / Radiate –
	S: Severity (scale) –
	T: Time / Timing -



PATIENT REPORT FORM



VITALS – 3x Stable Patient every 5 min; 5X Unstable Patient every 5 min						
Norms	AxO 3 or 4	12-16/min	60-100/m	SCTM	PEARL	Better? Worse?
TIME	LOC	BREATHING	CIRCULATION	SKIN	PUPILS	Comments

Planning		
Assessment Current Problems Patient/Situation	Anticipated Problems Patient/Situation	Treatment Strategies

FOCUSED SPINAL ASSESSMENT - to be done only after a complete SECONDARY ASSESSMENT			
Yes	No	Dangerous MOI?	<p>Only do this step if you have been trained to do so. If you have not be trained in FSA you must maintain spinal precautions.</p> <p>YES to ANY question: MAINTAIN Spinal Motion Restrictions (SMR).</p> <p>NO to all questions: you may discontinue spinal motion restriction (SMR).</p>
Yes	No	Over 65yrs?	
Yes	No	Abnormal CSM in extremities?	
Yes	No	Distracting injuries Or large structural injuries?	
Yes	No	Never ambulatory?	
Yes	No	Alcohol/drugs: recreational, OTC's, prescription?	
Yes	No	Immediate onset of neck or back pain?	
Yes	No	Spinal pain or tenderness upon palpation of Midline?	
Yes	No	Pain on rotation of head to 45°?	

RESCUE PLAN	Time Sent:	Time Received:
# in group:	Contact Name:	Cell Phone #:
Location Details (UTM) & Terrain Concerns:		inReach / SPOT:
		Group Needs:
		Weather Concerns: