Medical History				Mechanism of Injury					
Alcoholism	COPD	Heart Disease	Seizures	None	ATV	Environment	Inhalation	MVA	Stab/cut
Asthma	CVA/Stroke	Hypertension	None Known	ircraft	Bicycle	Explosion	Illness	Pedestrian	Thermal
Behav.Disordr	Diabetes	KidneyDisorder		Animal	Drowning	Fall	Machinery	Poison	Water
Cancer	Drug Abuse	Other_____		ssault	Electric	GSW	Motorcycle	Other_____	

Medications	Allergies
Provided to Medic Unit	Provided to Medical Unit

Mental Status	Oriented To	Alcohol/ Drug	Vehicle Position	Extrication	Safety Equip.
Conscious	Yes No	Unknown	Driver	No	Seatbelt Child Seat Secure
Unconscious	Person	Alcohol	Passenger	Yes	Airbag Child Seat Unsecured
Reactive to Pain	Place	Drugs	Front Back	Time_____	Helmet None
Reactive to Verbal	Time	ETOH Odor Noted	Pedestrian		PFD Other_____
	Conversation		Other_____		

Symptoms					Signs			Triage Tag Color
Abd.Pain	BreathProb	Dizziness	Paralysis	Syncope	Bleeding	Perspiring	Tender	Green
Allergy	Chest ain	Fever	Poisoning	Vomiting	Choking	Seizure	Vomiting	Yellow
Arrest	Choking	Headache	Pregnant	Weakness	Diaphoresis	Strain/ Sprain	Weakness	Red
Back Pain	Diabetic	Nausea	Seizure	Injuries	Imminent Birth	Syncope	Injuries	Black
Bleeding	Diarrhea	Numbness	Stroke	Other____	Paralysis	Other_____		#_____

Trauma Table				Burns	Trauma Matrix Legend		
Head	123456789101112	Abdomen	3456789101112	%	1-Abrasion	5-Blunt Injury	9-Laceration
Face	123456789101112	Pelv/Genit	3456789101112		2-Amputation	6- Crushing Injury	10-Pain
Neck	123456789101112	Up Ext	3456789101112		3-Burn	7-Dislog/Fx	11-Puncture/stab
Chest	123456789101112	Lw Ext	3456789101112		4-Bleeding	8-GSW	12-Tissue Swelling
Back	123456789101112						

Glascow Coma Scale

	Time	Procedure	Location	Rate	Eye Opening	Verbal Resp	Motor Resp
RX					4-Spontaneous	5-Oriented	6- Obeys Commands
					3-To Voice	4-Confused	5-Localizes Pain
					2- To Pain	3-Inappr Words	4-Withdrawn (pain)
					1- None	2-Incompr Words	3-Flexion (pain)
						1-None	2-Extension (pain)
							1-None

	Time	B/P	Pulse			Respirations			Pupils	Lungs	Skin	Mental	Pain
			Rate	Reg	Quality	Qual	Rate	Sp02		Clear	C/C/T		

Patient Narrative (Use CHART)

Refusal of Service

I (or my guardian) have been informed of the reason I should go to the hospital for further emergency care, and have been informed that only an initial evaluation has been rendered to me and have been advised that I seek the advice of a physician as soon as possible, and have been informed of the consequences and/or complications that may result in my refusal to go to the hospital for further emergency care. I (or my guardian), the undersigned, have been advised that emergency medical care on my/the patient's behalf is necessary, and that refusal of recommended care and /or transport to the hospital facility may result in death, or imperil my/the patient's health by increasing the opportunity for consequences or complications. Understanding all of the above, I (or my guardian's) decision and release German Township Volunteer Fire Department and all personnel directly or indirectly involved in my care from any and all liability resulting from my(or my guardian's) refusal! I have had the opportunity to ask all of the questions I feel Necessary to provide this informed refusal.

SIGNATURE _____ WITNESS_____

(PATIENT/GUARDIAN) WITNESS_____

SIGNATURE OF MEDICAL MANAGER **X-RAY #** **DATE** **EXTRA SHEET ATTACHED**

_____