



NORTHVALE VOLUNTEER AMBULANCE CORPS

Ref. No.: _____

Name _____
 Home Address _____

 Address Found _____

 D.O.B. ____/____/____ Age ____ Sex M/F
 Parent _____ Race _____
 Doctor(s) _____

Date ____/____/____
 _____ : _____ AM PM
 In Service
 _____ : _____ AM PM
 Out of Service
 _____ : _____
 Total Time

Dispatch to:
 Emergency M.V.C. M.C.I.
 Transport Fire Standby
 Other _____
 Mutual Aid to: _____
 Mileage in: _____
 Mileage out: _____
 226 227 Code 1 2 3

Transported to: HUMC(N) EMC HUMC BRMC HN Valley Nyack other _____ DNT Medivac Y/N Divert Y/N

PATIENT DISPOSITION

____ Treated
 ____ Cancelled by: _____
 ____ Refused Medical Aid / Transport

POLICE ON SCENE

A.L.S. Requested by: _____
 A.L.S. Released by: _____
 A.L.S. Unit No: _____ Fire / Rescue
 A.L.S. Unavailable A.L.S. before BLS Prolonged ETA

LEVEL OF CONSCIOUSNESS

____ Alert 1 2 3
 ____ Verbal Stimuli
 ____ Painful Stimuli
 ____ Unconscious
 ____ Altered
 ____ Combative

PATIENT FOUND

____ Supine
 Standing by: _____ Sitting on: _____ Prone
 Lying on: _____ Trapped in: _____ Rt. Lat.
 Walking by: _____ Lt. Lat.

PATIENT CHIEF COMPLAINT

____ Abdominal Pain ____ Defecation ____ G.I. Bleeding ____ Overdose ____ Seizure
 ____ Bleeding ____ Dizziness ____ Headache ____ Paralysis ____ S.O.B
 ____ Burn ____ Fever ____ Nausea ____ Poisoning ____ Syncope
 ____ Cardiac Arrest ____ FX / Dislocation ____ Numbness ____ Reaction ____ Urination
 ____ Chest Pain ____ General Weakness ____ O.B. Labor ____ Respiratory Arrest ____ Vomiting

Explain Signs and Symptoms: _____

RESPIRATION not taken____ unobtain____

Rate 1:____ Rate 2:____ Rate 3:____
 Time 1:____ Time 2:____ Time 3:____
 Clear ____ L ____ R Rales ____ L ____ R
 Absent ____ L ____ R Rhonchi ____ L ____ R
 Wheezes ____ L ____ R

PULSE not taken____ unobtainable____

Rate 1:____ Rate 2:____ Rate 3:____
 Time 1:____ Time 2:____ Time 3:____
 ____ Regular ____ Radial
 ____ Irregular ____ Carotid
 ____ Bounding ____ Femoral
 ____ Absent ____ Brachial

BLOOD PRESSURE nt__ uo__

B.P. 1: _____ / _____ L / R
 Time: _____
 B.P. 2: _____ / _____ L / R
 Time: _____
 B.P. 3: _____ / _____ L / R
 Time: _____

PUPILS not taken____ unobtainable____

Equal, Round & Reactive ____ L ____ R
 Slow to React ____ L ____ R
 Non-Reactive ____ L ____ R
 Dilated ____ L ____ R
 Constricted ____ L ____ R

SKIN not taken____ unobtainable____

____ Cool ____ Warm ____ Hot
 ____ Dry ____ Moist ____ Flushed
 ____ Pink ____ Pale ____ Cyanotic
 ____ Ashen
 ____ Burned with Degree _____

PAST MEDICAL HISTORY

Angina Asthma Cancer C.V.A.
 C.H.F C.O.P.D. Diabetes HTN
 H.I.V. Past M.I. Pacemaker
 Drug Abuse Psych. Care Open Heart
 Other: _____

PRESENT MEDICATIONS

____ None ____ Unknown ____ Attached

ALLERGIES TO MEDICATIONS

____ None ____ Unknown ____ Attached

TRANSPORT POSITION

____ Prone ____ Supine ____ Sitting
 ____ Left Lateral ____ Right Lateral
 ____ Head Elevated ____ Knees Elevated
 Only Patient Transported Y/N

