



DT0070

**PATIENT
INFORMATION
STICKER****Ambulance Report**ETA: **Ambulance Patient Report and SIGN-IN Form**Date/Time: Control #: TCC #: Medic: Age: Sex: ☐ Male ☐ Female☐ Northstar ☐ Fayette ☐ Pickens ☐ Hale ☐ Greene ☐ Lifecare ☐ Care ☐ AirEvac ☐ Northflight☐ Other: **Trauma**

Motor Vehicle				Fall/Jump	Burn	Penetrating
Involved	Patient Was:		Impact	Aprox. Height 	☐ Flame ☐ Steam ☐ Chemical ☐ Radiation ☐ Inhalation ☐ Electrical Voltage 	☐ GSW Caliber Distance ft ☐ SW Blade-Length in ☐ Self-Inflicted ☐ Impaled
☐ MVC ☐ Motorcycle ☐ ATV ☐ Bicycle ☐ Pedestrian ☐ Watercraft ☐ Sporting	☐ Driver ☐ Passenger - Front ☐ Passenger - Back ☐ Pedestrian Struck ☐ Bicycle Struck ☐ Unknown	☐ Seat Belt ☐ Airbag ☐ Helmet ☐ Ejected ☐ Extracted ☐ Death of another occupant ☐ Unknown	☐ Front ☐ Driver Side ☐ Passenger Side ☐ Rear ☐ Rollover ☐ T-bone ☐ Unknown	Landing Surface ☐ Grass/Dirt ☐ Stone ☐ Concrete/Brick ☐ Tile/Wood ☐ Carpet ☐ Water		

Medical☐ CP ☐ SOB ☐ Fall ☐ ABD Pain ☐ Syncope ☐ Stroke ☐ Back Pain ☐ Gen Pain ☐ Hypertension ☐ Hypotension
☐ Tachycardia ☐ Bradycardia ☐ Hyperglycemia ☐ Hypoglycemia ☐ Other: **Vital Signs/ Assessment**VS: BP / HR Resp O2Sat% ETCO2 BS Airway: ☐ Non Rebreather ☐ Cannula ☐ Nasal ☐ Oral ☐ King ☐ Trach ☐ ETT SizeBreathing: ☐ Normal ☐ Labored ☐ Apneic ☐ AssistedCirculation: ☐ IV Left ☐ Fluid ☐ IV Right ☐ Fluid ☐ Total Disability: A/OX3 ☐ Yes ☐ No Responds to Command: ☐ Yes ☐ No +LOC ☐ Yes ☐ No ☐ Unk GCS: ☐ Backboard ☐ C-Collar ☐ Splint ☐ Dressing Signature of RN: Doctor: Destination: RMC Report Called to Northport Arrival Time: Room Number:

The undersigned consents to any diagnosis procedures, anesthesia, emergency, medical or surgical treatment or hospital services rendered the patient under the general and specific instructions of the physician. The undersigned recognizes that all physicians (including their employed or contracted physician assistants, surgical assistants and nurse practitioners) providing consultative services to the patient, including the radiologist, pathologist, anesthesiologist and the like are independent contractors and are not employees or agents of the hospital.

Patient/Guardian Signature: _____ Date/Time: _____