**ALASKA PRE-HOSPITAL PATIENT REPORT**

**NAME OF SERVICE**

**AMBULANCE NO.**

**RUN NO.**

**DATE**

**ADDRESS OF INCIDENT**

**CITY**

**STATE**

**ZIP**

**PHONE**

**PROBLEM REPORTED AS**

**SOCIAL SECURITY NO.**

**DOB:**

**DAY**

**YEAR**

**DESTINATION**

**INSURER**

**AGE**

**SEX**

**WHITE**

**HISP.**

**ASIAN/PAC. ISLD.**

**BLACK**

**NAT. AM.**

**UNKNOWN**

**MED. CONTROL**

**NEXT OF KIN**

**PHONE**

---

**VITAL SIGNS**

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>B.P.</th>
<th>Resp.</th>
<th>Airway</th>
<th>Pupils</th>
<th>GCS</th>
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</tbody>
</table>

- Normal
- Partly Obstruct.
- Obstruct.
- SaO2

**DRUGS/FLUIDS**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Soln</td>
<td>Time</td>
<td>Med</td>
<td>Amount</td>
<td></td>
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- Normal
- Pale
- Loc
- Size
- Attempts

**HISTORY**

**Chief Complaint/Mechanism of Injury:**

**History:**

**Assessment:**

**Treatment:**

---

**CHIEF COMPLAINT/MOI**

- Trauma
- Burns
- OB
- Alcohol
- Frostbite
- Poisoning
- Seizure
- Other Medical

**LOCATION**

- Home/Res.
- Public Building
- School
- Industry/Business
- Mountains
- Wild/Off-Road
- Highway
- Boat/Water
- Recreation
- Medical Facility
- Unknown
- Other

**SAFETY EQUIPMENT USED**

- Lap Belt
- Shoulder Belt
- Helmet
- Airbag Deployed
- PFD
- Child Safety Seat
- None
- Prot. Clothing
- NA
- Unknown

---

**PATIENT DISPOSITION**

- Treated/Transported by EMS
- Treated/Transferred Care
- Treated/Transported by Private Veh.
- Released
- No Treatment Required
- Patient Refused Care
- Dead at Scene
- Canceled
- No Patient Found

**WORK RELATED**

- Suspected Alcohol Use
- Suspected Drug Use

---

**PERSONNEL**

- Responders' Name
- Certified
- Recorder's Signature

---

Form 06-2684 (Rev. 5/99)
This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.

Patient Signature

This is to certify that I am refusing treatment/transport, I have been informed of the risks involved, and

Date/Time
# Alaska Pre-Hospital Patient Report

## History

**Chief Complaint / Mechanism of Injury:**

- [ ] Trauma
- [ ] Burns
- [ ] OB
- [ ] Alcohol
- [ ] Frostbite
- [ ] Poisoning
- [ ] Seizure
- [ ] Other Medical

**Location:**

- [ ] Home/Res.
- [ ] Public Building
- [ ] School
- [ ] Industry/Business
- [ ] Mountains
- [ ] Wild/Off-Road
- [ ] Highway
- [ ] Boat/Water
- [ ] Recreation
- [ ] Medical Facility
- [ ] Unknown
- [ ] Other

**Safety Equipment Used:**

- [ ] Lap Belt
- [ ] Shoulder Belt
- [ ] Helmet
- [ ] Airbag Deployed
- [ ] PFD
- [ ] Child Safety Seat
- [ ] None
- [ ] Prot. Clothing
- [ ] NA
- [ ] Unknown

## Nature of Call

- [ ] Emergent
- [ ] Non-Emergent

## Transported by

- [ ] Ground Ambulance
- [ ] Air Ambulance
- [ ] Helicopter (Military)
- [ ] Helicopter (Commercial)
- [ ] Air Taxi
- [ ] Scheduled Flight
- [ ] Boat
- [ ] Snowmobile
- [ ] Other (specify)

### Event

- [ ] Incident Occurred
- [ ] Call Received
- [ ] Enroute
- [ ] Arrived at Scene
- [ ] Enroute w/ Patient
- [ ] Arrived at Destination
- [ ] Back in Service

### Time

- [ ] Start
- [ ] Scene
- [ ] Destination
- [ ] Base
- [ ] Total

### Mileage

- [ ] Personal Belongings with Patient:

## Patient Disposition

- [ ] Treated / Transported by EMS
- [ ] Treated / Transferred Care
- [ ] Treated / Transported by Private Veh.
- [ ] Treated / Released
- [ ] No Treatment Required
- [ ] Patient Refused Care
- [ ] Dead at Scene
- [ ] Canceled
- [ ] No Patient Found

## Work Related

- [ ] Suspected Alcohol Use
- [ ] Suspected Drug Use
ALASKA PRE-HOSPITAL PATIENT REPORT

NAME OF SERVICE

AMBULANCE NO.
RUN NO.
MO.
DAY
YEAR

SOCIAL SECURITY NO.
DOB.
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HISTORY

Chief Complaint/ Mechanism of Injury:

History:

Assessment:

Treatment:

Form 06-268 (Rev. 5/99)
### Pupils Size Chart

<table>
<thead>
<tr>
<th>Size</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Minimal</td>
</tr>
<tr>
<td>2</td>
<td>Small</td>
</tr>
<tr>
<td>3</td>
<td>Medium</td>
</tr>
<tr>
<td>4</td>
<td>Large</td>
</tr>
<tr>
<td>5</td>
<td>Very Large</td>
</tr>
<tr>
<td>6</td>
<td>Extra Large</td>
</tr>
<tr>
<td>7</td>
<td>Giant</td>
</tr>
<tr>
<td>8</td>
<td>Colossal</td>
</tr>
<tr>
<td>9</td>
<td>Monstrous</td>
</tr>
</tbody>
</table>

### EKG Strips

### Glasgow Coma Scale

#### Best Eye Response

<table>
<thead>
<tr>
<th>Group</th>
<th>Adult &amp; Child</th>
<th>Infant (12 months)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous</td>
<td>Spontaneous</td>
<td>Spontaneous</td>
<td>4</td>
</tr>
<tr>
<td>To Command</td>
<td>To Command</td>
<td>To Voice</td>
<td>3</td>
</tr>
<tr>
<td>To Pain</td>
<td>To Pain</td>
<td>To Pain</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
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#### Best Verbal Response

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<tr>
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<th>Adult &amp; Child</th>
<th>Infant (12 months)</th>
<th>Points</th>
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<tbody>
<tr>
<td>Oriented</td>
<td>Oriented</td>
<td>Coos and Babbles</td>
<td>5</td>
</tr>
<tr>
<td>Confused</td>
<td>Confused</td>
<td>Irritable Cry</td>
<td>4</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>Inappropriate</td>
<td>Cries to Pain</td>
<td>3</td>
</tr>
<tr>
<td>Incomprehensible</td>
<td>Incomprehensible</td>
<td>Moans to Pain</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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#### Best Motor Response

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<tbody>
<tr>
<td>Obeys Command</td>
<td>Obeys Command</td>
<td>Spontaneous Movement</td>
<td>6</td>
</tr>
<tr>
<td>Localizes Pain</td>
<td>Localizes Pain</td>
<td>Withdraws (Touch)</td>
<td>5</td>
</tr>
<tr>
<td>Withdraws</td>
<td>Withdraws</td>
<td>Withdraws (Pain)</td>
<td>4</td>
</tr>
<tr>
<td>Flexion to Pain</td>
<td>Flexion to Pain</td>
<td>Flexion to Pain</td>
<td>3</td>
</tr>
<tr>
<td>Extension to Pain</td>
<td>Extension to Pain</td>
<td>Extension to Pain</td>
<td>2</td>
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<tr>
<td>None</td>
<td>None</td>
<td>None</td>
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### Total: Best Eye Response

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### Total: Glasgow Coma Score

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