Page ___ of ___

Patient Record Form Version 1.1

Wilderness EMS Institute

Patient Name:

Date: Age: DOB: Sex: Wt.:

History

Chief Complaint/history of present illness
Allergies Meds Past History: med/surg/family/social

Physical Exam

(Vitals on reverse)

C-spine clearing

Reason for clearing, time cleared and medic signature to left.

- ☐ Alert/no intoxication
- ☐ No distracting injury
- ☐ No neck pain
- ☐ No neck tenderness
- ☐ No numb., tingling, weakness
- ☐ Normal motor/sens.
- ☐ Painless range of motion

Neuro Exam Mental Status; Cranial (vision, eye movement [EOMI], face sens., smile, hearing, shoulder, tongue); Sensory; Motor; deep tendon reflexes (DTR); Cerebellar.

Field Diagnoses

Page ___ of ___

Patient Name:
Date:

Time	Pulse	Respirations	Blood Pressure	Level of Consc.	Distress	Skin/Temp	Pupils	Lungs	Abdomen	Input	Output

Treatment: protocol? standing orders? medical direction? physician present?
Scene: weather, terrain, resources, distance to ambulance, priority of evac, evac time
Medics: names/times/cert. level;
Medical Direction: physician names/times

Page ___ of ___

Patient Name:

Date:

WEMSI
Patient Record
Contination V. 1.1

Time					
Pulse					
Respirations					
Blood Pressure					
Level of Consc.					
Distress					
Skin/Temp					
Pupils					
Lungs					
Abdomen					
Input					
Output					

Medics:

Medical control physicians:

Page ___ of ___

Patient Name:

Date:

WEMSI
Patient Record
Contination V. 1.1

Time					
Pulse					
Respirations					
Blood Pressure					
Level of Consc.					
Distress					
Skin/Temp					
Pupils					
Lungs					
Abdomen					
Input					
Output					

Medics:

Medical control physicians:

Page ___ of ___

Patient Name:

Date:

WEMSI
Patient Record
Continuation V. 1.1

Time					
Pulse					
Respirations					
Blood Pressure					
Level of Consc.					
Distress					
Skin/Temp					
Pupils					
Lungs					
Abdomen					
Input					
Output					

Medics:

Medical control physicians:

Page ___ of ___

Patient Name:

Date:

WEMSI
Patient Record
Continuation V. 1.1

Time					
Pulse					
Respirations					
Blood Pressure					
Level of Consc.					
Distress					
Skin/Temp					
Pupils					
Lungs					
Abdomen					
Input					
Output					

Medics:

Medical control physicians:

Page ___ of ___

Patient Record Form Version 1.1

Wilderness EMS Institute

Patient Name:

Date: Age: DOB: Sex: Wt.:

History

Chief Complaint/history of present illness
Allergies Meds Past History: med/surg/family/social

Physical Exam

(Vitals on reverse)

C-spine clearing

- ☐ Alert/no intoxication
- ☐ No distracting injury
- ☐ No neck pain
- ☐ No neck tenderness
- ☐ No numb., tingling, weakness
- ☐ Normal motor/sens.
- ☐ Painless range of motion

Reason for clearing, time cleared and medic signature to left.

Neuro Exam Mental Status; Cranial (vision, eye movement [EOMI], face sens., smile, hearing, shoulder, tongue); Sensory; Motor; deep tendon reflexes (DTR); Cerebellar.

Field Diagnoses

Page ___ of ___

Patient Name:
Date:

Time												
Pulse												
Respirations												
Blood Pressure												
Level of Consc.												
Distress												
Skin/Temp												
Pupils												
Lungs												
Abdomen												
Input												
Output												

Treatment: protocol? standing orders? medical direction? physician present?
Scene: weather, terrain, resources, distance to ambulance, priority of evac, evac time
Medics: names/times/cert. level;
Medical Direction: physician names/times