

MECTA Emergency Incident Report Form-2009

Control Number

Dispatch Location:

Date:

Dispatch Time:

Scene Arrival Time:

ALS Arrival Time:

Patient Name:

D.O.B.:

Age:

Sex:

 M F

Home Address

Town:

State:

Zip:

Phone:

Suspected Problem: Cardiac Arrest (witnessed? Yes No) Time _____

Abdominal Pain

Allergic Reaction

Bleeding

Breathing Difficulty

Burns

Chest Pain

Choking

Diabetic Reaction

Fainting / Dizzy

Gen. Malaise

Seizures

Trauma

Other

Medications

Unknown

None

Allergies:

Unknown

None

Blood Pressure

Pulse

Respiration's

Time:

Pupils: Equal

Reactive

Skin: Red White Blue Hot Cold

History of Present Illness... Treatment... Patient Findings

Cardiac Arrest Treatment

CPR Started By: Bystander: FR / EMT

Number of Defibrillation's / Shocks:

Time of First Shock:

Time of Second Shock:

Time of Third Shock:

Aid Refusal and Release

I, the undersigned, have been offered medical assistance. Refusal of said assistance and transport may imperil my health. Nevertheless, I refuse to accept treatment or transport and assume all risks and consequences of my decision. Furthermore, I release said companies, and the emergency personnel from any liability arising from my refusal.

Patient Name:

Signature:

Witness:

EMT / EFR Name

No.

EMT / EFR Name

No.

Receiving ALS Service Name:

Hospital Transferred to: