**Service Name**

NH License # Date Run # Status 1 2 3 4

Name_____DOB____/_____/_____Age_____M/F_____

Address_____

Chief Complaint_____

Hist/MOI_____

Allergies_____Local Dr._____

Medical History_____

Meds_____

_____

| Time | LOC | Pulse | BP | Resp. | Lungs | Pupils | SPO2 |
|---|---|---|---|---|---|---|---|
| | A V P U | | / | | | | |
| | A V P U | | / | | | | |

| **Airway** | **Treatment** | | **ALS** |
|---|---|---|---|
| o OP | o CPR | | **IV TIME** |
| o NP | o Defb | | GA Cath |
| o ET | o Monitor | | Solution |
| o COMBI | o Extrication: Length | | Unsuccessful |
| NB Liters | o Boards/Collar | | **Drugs**: |
| NC Liters | | | |
| BVM | | | |

Notes_____
_____
_____
_____

Crew_____/_____/_____/_____

REFUSAL OF CARE

I HEREBY VOLUNTARILY ACKNOWLEDGE AND STATE THAT I HAVE BEEN ADVISED REGARDING THE STATE OF MY PRESENT PHYSICAL CONDITION, AND I HEREBY VOLUNTARILY REFUSE TO RECEIVE OR ACCEPT SUCH MEDICAL CARE AND/OR TRANSPORTATION AS RECOMMENDED BY REPRESENTATIVES OF THE AMBULANCE SERVICE LISTED ABOVE, AND I DO RELEASE AND FULLY DISCHARGE SAID AMBULANCE SERVICE, ITS OFFICERS, EMPLOYEES, MEDICAL CONSULTANTS, HOSPITALS, SERVANTS, OR AGENTS FROM ANY AND ALL LIABILITY IN THE PREMISE AND I AGREE TO HOLD THEM HARMLESS.

_____ _____

Patient Signature Witness Signature

White Copy –FAST Squad Yellow Copy- Ambulance