EMS Basic Information

Patient Name/
Address:

Last Revised:

Code Status:

Date of Birth:

Primary Diagnosis:

Additional Diagnosis:

BASELINE Vitals: Weight: Temp:

HR: RR: BP: O2sat:

Cognitive/Communication:

Drug Allergies:

Emergency Medications:

Airway Status:

IV Lines: Feeding Tube:

Other Appliances:

Location of Emergency Travel Bag:

Primary Dr and Phone:

Primary Hospital:

Primary Caregiver and Phone:

Patient Weight (kg)

DATE	WEIGHT (kg)	DATE	WEIGHT (kg)