



NORTHVALE VOLUNTEER AMBULANCE CORPS

Ref. No.: _____

Name _____	Date ____/____/____	Dispatch to:
Home Address _____	____:____ AM PM	Emergency M.V.C. M.C.I.
Address Found _____	In Service	Transport Fire Standby
D.O.B. ____/____/____ Age ____ Sex M/F	____:____ AM PM	Other _____
Parent _____ Race _____	Out of Service	Mutual Aid to: _____
Doctor(s) _____	____:____	Mileage in: _____
	Total Time	Mileage out: _____
		226 227 Code 1 2 3

Transported to: HUMC(N) EMC HUMC BRMC HN Valley Nyack other _____ DNT Medivac Y/N Divert Y/N

PATIENT DISPOSITION	POLICE ON SCENE	A.L.S. Requested by: _____
____ Treated	_____	A.L.S. Released by: _____
____ Cancelled by: _____	_____	A.L.S. Unit No: _____ Fire / Rescue
____ Refused Medical Aid / Transport	_____	A.L.S. Unavailable A.L.S. before BLS Prolonged ETA

LEVEL OF CONSCIOUSNESS	PATIENT FOUND
____ Alert 1 2 3	____ Supine
____ Verbal Stimuli	____ Prone
____ Painful Stimuli	____ Rt. Lat.
____ Unconscious	____ Lt. Lat.
____ Altered	
____ Combative	
Standing by: _____	Sitting on: _____
Lying on: _____	Trapped in: _____
Walking by: _____	

PATIENT CHIEF COMPLAINT

____ Abdominal Pain	____ Defecation	____ G.I. Bleeding	____ Overdose	____ Seizure
____ Bleeding	____ Dizziness	____ Headache	____ Paralysis	____ S.O.B
____ Burn	____ Fever	____ Nausea	____ Poisoning	____ Syncope
____ Cardiac Arrest	____ FX / Dislocation	____ Numbness	____ Reaction	____ Urination
____ Chest Pain	____ General Weakness	____ O.B. Labor	____ Respiratory Arrest	____ Vomiting

Explain Signs and Symptoms: _____

RESPIRATION not taken____ unobtain____	PULSE not taken____ unobtainable____	BLOOD PRESSURE nt__ uo__
Rate 1:____ Rate 2:____ Rate 3:____	Rate 1:____ Rate 2:____ Rate 3:____	B.P. 1: _____ / _____ L / R
Time 1:____ Time 2:____ Time 3:____	Time 1:____ Time 2:____ Time 3:____	Time: _____
Clear ____ L ____ R Rales ____ L ____ R	____ Regular ____ Radial	B.P. 2: _____ / _____ L / R
Absent ____ L ____ R Rhonchi ____ L ____ R	____ Irregular ____ Carotid	Time: _____
Wheezes ____ L ____ R	____ Bounding ____ Femoral	B.P. 3: _____ / _____ L / R
	____ Absent ____ Brachial	Time: _____

PUPILS not taken____ unobtainable____	SKIN not taken____ unobtainable____	PAST MEDICAL HISTORY
Equal, Round & Reactive ____ L ____ R	____ Cool ____ Warm ____ Hot	Angina Asthma Cancer C.V.A.
Slow to React ____ L ____ R	____ Dry ____ Moist ____ Flushed	C.H.F C.O.P.D. Diabetes HTN
Non-Reactive ____ L ____ R	____ Pink ____ Pale ____ Cyanotic	H.I.V. Past M.I. Pacemaker
Dilated ____ L ____ R	____ Ashen	Drug Abuse Psych. Care Open Heart
Constricted ____ L ____ R	____ Burned with Degree _____	Other: _____

PRESENT MEDICATIONS	ALLERGIES TO MEDICATIONS	TRANSPORT POSITION
____ None ____ Unknown ____ Attached	____ None ____ Unknown ____ Attached	____ Prone ____ Supine ____ Sitting
_____	_____	____ Left Lateral ____ Right Lateral
_____	_____	____ Head Elevated ____ Knees Elevated
_____	_____	Only Patient Transported Y/N

