Date: / /
Case #:

SANTA CLARA UNIVERSITY
EMERGENCY MEDICAL SERVICES
PATIENT CARE REPORT

Dispatched:
Arrive Scene:
Transition:
Depart Scene:

Patient:_____ Sex: M F Age:_____ Date of Birth:____/___/_____
Last First Med. Weight:_____lbs
Address:_____ City:_____ Zip:_____ Student ☐
Incident Address:_____ Non-Student ☐
Other_____
Phone:_____ Student I.D.:_____ Suspect ETOH: Y N U Suspect Drug: Y N U
Medical History: ☐ Denied ☐ Unknown ☐ Cardiac ☐ Psych ☐ Diabetic ☐ Asthma
☐ Other:_____

Medications:_____ Allergies:_____

Time	Blood Pressure	Pulse Rate	Resp. Rate	Pulse Ox.
	/			
	/			
	/			
	/			
	/			
	/			

Skin Color	Skin Temp	Moisture
☐ WNL	☐ WNL	☐ WNL
☐ Pale	☐ Cool	☐ Dry
☐ Flushed	☐ Warm	☐ Moist
☐ Cyanotic	☐ Hot	☐ Diaphoret
☐ Other		
Airway	**Breathing**	**Pupils**
☐ WNL/Clear	☐ WNL/Clear	☐ PERL
☐ Other	☐ Labored	☐ Non-React
	☐ Shallow	☐ Dilated
	☐ Other	☐ Other

Glasgow		VERBAL		MOTOR	
EYE		Orient 5		Obeys 6	
Sponte 4		Confus 4		Purpos 5	
Speech 3		Inappr 3		Withdr 4	
Pain 2		Incomp 2		Flex 3	
None 1		None 1		Exten 2	
				None 1	
Total:					

Working DX:_____

Head/Face	WNL ☐		**Abdomen**	WNL ☐	
Neck	WNL ☐		**Back**	WNL ☐	
Chest	WNL ☐		**Pelvis**	WNL ☐	
Lungs	WNL ☐		**Extremities**	WNL ☐	

Chief Complaint:_____

Destination: ☐ AMA ☐ Hospital name_____ Other_____
Transported By: Agency:_____ ID#_____ Private: ☐ Campus Safety & EMS ☐
1st Attend:_____ 2nd Attend:_____ 3rd Attend:_____

E.M.T.'s Signature:_____ Signature:_____ Signature:_____