FIRST RESPONDERS, Inc.
FIELD INCIDENT REPORT

Date: ______________ Time: ______________ Location of Incident: ________________________________

Patient Name: ____ Age: ______________

Address: ____ Phone # ________________

City:______________________________ State: ______________________ Zip: _________________

History of Complaint: ____

____

PMH:____

____

Allergies: ____________________________ Medications: _______________________________

Assessment::

(Checked boxes indicate areas assessed. Abnormal assessments detailed below)

Grips ☐ Pushes/Pulls ☐ Pupils ☐ Vision ☐ Auditory ☐ Speech ☐ Gait ☐ ROM ☐ Abd ☐ Bowel sounds ☐ Breath sounds ☐

LMP ___________

Initial assessment			
Skin: warm dry pink	Time: __________	Time: __________	Time: __________
cool flushed moist pale	BP: ______ /______	BP: ______ /______	BP: ______ /______
diaphoretic cyanotic	P: ________ SaO2 ______	P: ________ SaO2 ______	P: ________ SaO2 ______
LOC: A&O x 4 confused	R:________ T ________	R ________ T ________	R ________ T ________
Unconscious non-responsive	Accucheck ____________	Accucheck ____________	Accucheck ____________

Physical findings: ____

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Treatment: and times: ____

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Disposition: **Call 911** Time called: _______ Time arrived: _______ Unit #: _______ CEP/EMT____________________

Other disposition: Back to seat/ work Hospital via POV Home via POV Time: __________________

Signature(s): ______________________________ ______________________________ Security notified yes no

Revised Jul 04