SENECA COUNTY FIRE DEPARTMENT EMERGENCY MEDICAL RESPONDER REPORT

DATE:	EMS Report #	
Department NameLocation of CallVillage/Twp	As Found	TIMES: (Military Format Please) Dispatched Responding On Scene
	PATIENT INFO/ HISTORY	
NAME		Asthma/Emphysema Cancer Epilepsy Hypertension Heart Condition Stroke Other History
	PATIENT ASSESSMENT	
Level of Consciousness: AlertResponds to VoiceResponds to Pain Unresponsive Lung/Resp. Right Left Regular/Normal Shallow	Vital Signs: Time: Blood Pressure Pulse Respirations	Pupils: Reactive? Yes No Equal? Yes No
Wheezing Crackles Absent Other (specify) NARRATIVE:	_	
First Responders on Scene:		
Print 1 2	3	4
5 6	7	8
	3	4
5	7	Q