

ILLNESS ASSESSMENT CHECK SHEET

Name: _____

Address: _____ City: _____ St.: _____

Phone #: _____ Age: _____ Male Female

Chief Complaint: _____

Vital Signs:

Time	Pulse	Respirations	Capillary Refill (check one)		Level of Consciousness (check one)		
			less than 3 sec.	more than 3 sec.	Conscious/Alert	Disoriented	Unconscious

Provoke: _____

Quality: _____

Region/Radiation: _____

Severity: Mild Moderate Severe

Time Problem Started: _____
AM
PM

Medical History: _____

Allergies: _____

Medication: _____

Comments: _____

Treatment priorities: Ensure scene safety, utilize universal precautions, maintain an open airway, stabilize neck spine, ensure normal breathing, assess signs of circulation, control severe bleeding & treat shock. Call 9-1-1& keep patient calm/still.

INJURY ASSESSMENT CHECK SHEET

Name: _____

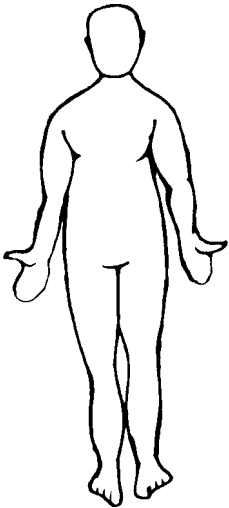
Address: _____ City: _____ St.: _____

Phone #: _____ Age: _____ Male Female

Medical History: _____

Vital Signs:

Time	Pulse	Respirations	Capillary Refill (check one)		Level of Consciousness (check one)		
			less than 3 sec.	more than 3 sec.	Conscious/Alert	Disoriented	Unconscious



Comments: _____

Medications: _____ Allergies: _____

Reminder: If the patient complains of neck pain, stabilize the head and neck as a unit and do not complete the remainder of the injury assessment.

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| 1. Neck — Pain, tenderness, deformity. | 5. Mouth — Blood or broken teeth. | 9. Pelvis — Pain on palpation. |
| 2. Head — Pain, tenderness, deformity. | 6. Shoulder Blades — Pain or deformity. | 10. Back — Pain, deformity. |
| 3. Ears — Blood or fluid drainage. | 7. Chest — Pain, bruising, deformity, difficulty breathing. | 11. Arms — Pain, deformity. |
| 4. Eyes — Move together, blurred vision. | 8. Abdomen — Pain, bruising. | 12. Legs — Pain, deformity. |

Treatment priorities: Ensure scene safety, utilize universal precautions, maintain an open airway, stabilize neck spine, ensure normal breathing, assess signs of circulation, control severe bleeding & treat shock. Call 9-1-1& keep patient calm/still.