

PLANNING & EVACUATION CONSIDERATIONS

URGENCY:

Evacuation Required? Yes No

Final Destination?

Location Description (Grid Reference):

Patient Refused Care See Log Entry See Other:

Field Treatment Required

Evacuation Resources Required:

Communication Link:

Time Treatment Applied:

Of People In Group.

Current Weather:

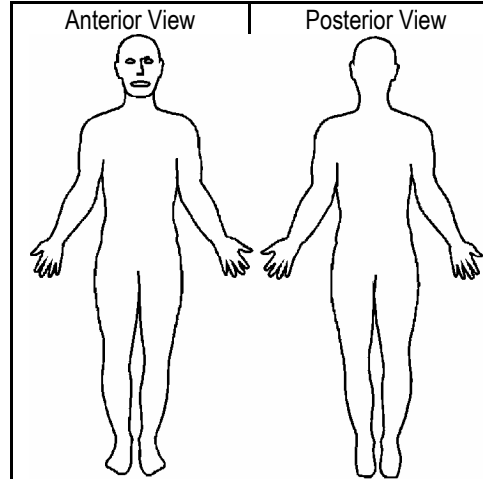
Air Evacuation		Land Evacuation	Water Evacuation
Degree Of Slope For Heli Site:	Route:	Route:	
Diameter Of Heli Site:			
Wind From: Speed:	Difficulties:	Wind From:	
Altitude:		Speed:	
Visibility:		Sea State:	
<i>Contingency Plan-See:</i>	<i>Contingency Plan-See:</i>	<i>Contingency Plan-See:</i>	

Long-Term Care Considerations:

ACCIDENT & TREATMENT REPORT FORM

Time Of Accident:	Day	Month	Year	Rescuer's Name:		
Patient's Name:				Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address: Street City Prov./State			Telephone: () -			
Whom To Notify:			Relationship:	Telephone: () -		
Family Physician Name:				Telephone: () -		
Medical Plan Name:		Medical Plan Number:		Prov./State of Plan Origin:		

Injury / Illness Suspected:



Describe Mechanism of Injury, Events, and/or Chief Complaint:

Number each injury site on models above & describe (List most severe first):

1:

2:

3:

Allergies:

Medications:

Dosage/Frequency?

Previous Medical History (Injury/Illness):

Chronic Conditions? Medical ID Tag?

Previous Physician's Care:

Susceptibility To Infection:

Recent Illnesses:

Last Food: AM/PM

Last Drink: AM/PM

Environment: Cold? Heat? Altitude? Poisons?

Current Tetanus: Yes No **Contacts Removed:** Yes No N/A

Last Bowel:

Last Urination:

Menstruation: **Pregnancy:**

Other Factors: **Recent Travel?**

Wound Abscess/Infection?

Emotional Stresses?

Mental Health?

