Morris Hospital EMS System- EMS Short Form											
Department:			Run #:		Vehicle #:		Date:	/ /			
Incident L						Destination					
Patient Na					Phone #:		Age:	DOB:	/ /		
Patient Ac							<u> </u>				
City:			State:		Zip:		Legal Gua	ırdian:			
Allergies:		() None	() Unknov	wn			U				
List Allerg	ies:	<u> </u>	()								
	edications:		() None	() Brough	nt w/ Pt. () Unknown)				
List Medic			()	() 3	,	,					
History:	() None () Unknowr)								
Chief Con	` '	<u> </u>									
Narrative	•										
		!									
Time	B/P	Pulse	Irr/Reg	Resp.	Temp	BS	O2 Sat	Room Air	Oxygen		
:	/		I/R				%		Yes / No		
:	/		I/R				%		Yes / No		
:	/		I/R				%	Yes / No	Yes / No		
:	/		I/R				%		Yes / No		
Pupils:		() PERL,	() Dilated	d. () Cons	stricted, (Unequal,	() Fixed				
Abdomen	•	` ,	() Normal, () Soft, () Rigid, () Distended, () Tender								
Skin Colo		() Normal, () Pale, () Cyanotic, () Flushed, () Jaundice, () Mottled									
Skin Mois		() Norma				, ()		<i>,</i>			
Skin Tem		() Norma	,		` '	() Hot					
Lung Sou		() Clear,		<u> </u>	es, () Whe	` '	Diminished	I, () Abse	nt		
Time		Treatment	. ,	Do	ose	Ro	ute	Re	sponse to	Tx.	
:	-										
:											
:											
:											
:											
:											
:											
Call Times (Military Time)						Crew Sigr	natures			System #	
Receive	:	Contact	:	Beginnin	g Mileage	Crew 1:				.,	
Dispatch	:	Depart	:	29.11.111	<u> </u>	Crew 2:					
Enroute	:	Arrive	:	Ending	Mileage	Crew 3					
Arrived	:	In Serv.	:		5490	Crew 4:					
	<u> </u>	1 22	<u> </u>				<u> </u>			<u> </u>	

This form is NOT a completed PCR and is ONLY for cases where leaving a PCR isn't feasible. The completed PCR is required to be submitted in person or by fax within 12 hours of patient arrival.