(1)

CONFIDENTIAL MEDICAL INFORMATION COVERED UNDER WISCONSIN STATUTE 146.81-84

(2) CASE NO.

DATE (3) MONTH DAY YEAR

# EMS REPORT

AMB. PROVIDER NO. (4)

DISPATCH LEVEL (5) ○ ALS ○ BLS

ALS Unit Special Call? (6) ○ Yes ○ No

INCIDENT NUMBER (7) BLS/PFR ALS

EMERG. LOCATION (8) CITY (9) ZIP (10) CO. (11)

TYPE OF LOCATION (12) ○ Airport ○ Clinic/Med. ○ Educ. Inst. ○ Farm ○ Home/Resid. ○ Hospital ○ Industrial ○ Nursing Home ○ Public Building ○ Public Outdoors ○ Recreational/Sport ○ Residential Inst. ○ Restaurant/Bar ○ Street/HWY ○ Waterway ○ Other

WORK RELATED INJURY? (13) ○ Yes ○ No

| UNIT LETTER | UNIT Number | ENTRY TIME | DISPATCH TIME | TIME UNIT RESP. | AT SCENE | AT PATIENT (Est.) | DEPART SCENE | AT HOSPITAL | IN SERVICE | IN OTRS | CALLED OFF |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ○ BLS or ○ PFR (14) (15) | (16) | (17) | | | | | | | | | ○ |
| ○ ALS (19) | (20) | (21) | | | | | | | | | ○ (18) |

1ST EMS UNIT ARRIVING (22)

OTHER UNITS RESPONDING (23) ○ E - Engine Co. ○ R - FD Squad ○ L - Ladder Co. ○ M-ALS Unit ○ A - Private Amb. ○ Chief Officer ○ Helicopter ○ Other_____ ○ EMS Officer ○ Police_____

PATIENT NAME (24) LAST FIRST M.I. SEX ○ M ○ F WT.(lbs) (26) AGE DOB (27) MO. DAY YR

ADDRESS (28) ○ Same as above CITY (25) STATE ZIP

PRIMARY INSURANCE CO. (29) ○ Medicare ○ T19 ○ BCBS ○ UHC ○ Compcare ○ Self Pay POLICY # (30) ○ Same as SS# GROUP (31) PHONE ( ) (34) (35) RACE ○ White ○ Black ○ Asian ○ Native Amer. ○ Hispanic ○ Other

SECONDARY INSURANCE CO. (32) ○ T19 ○ Aetna ○ BCBS ○ Compcare ○ Humana ○ WPS POLICY # ○ Same as SS# GROUP (33) FIN Sheet? ○ Yes ○ No Social Security # (36) - -

## PRESENT HISTORY

DISPATCH CODE (37)

CHIEF COMPLAINT BLS\PFR (38) ALS

PRIM. WORKING ASSESSMENT / Standard of Care (Select One Code): BLS/PFR (40) ALS

C.C. ONSET (41) Min. Hrs. Days ○ Unknown Onset

CARDIAC ARREST DATA (42) ○ N/A

Time of Cardiac Arrest:

Witnessed? ○ No ○ Yes If yes, by

Time CPR Started: by

### WORKING ASSESSMENT (39)

(Fill in all circles that apply)

| BLS/PFR | ALS | BLS/PFR | ALS | BLS/PFR | ALS | BLS/PFR | ALS |
|---|---|---|---|---|---|---|---|
| ○ | ○ A1- Angina(chest pain) / MI | ○ | ○ B7- Cough | ○ | ○ F1- Trauma-Blunt | ○ | ○ I3 - Diarrhea |
| ○ | ○ A2- Arrhythmia / Palpitations | ○ | ○ C1- Poison / Overdose | ○ | ○ F2-Trauma-Penetrating | ○ | ○ J - Psychological |
| ○ | ○ A3- Cardiac Arrest | ○ | ○ C2- Substance Abuse | ○ | ○ F6- Trauma-Lacerating | ○ | ○ K2- Diaphoresis |
| ○ | ○ A4- CHF | ○ | ○ C3- Allergic Rx | ○ | ○ F3- Burns | ○ | ○ K3- Dizziness |
| ○ | ○ K1- Non-Cardiac Chest Pain | ○ | ○ D3- Hypertension | ○ | ○ F4- Drowning | ○ | ○ K4- Fever / Hyperthermia |
| ○ | ○ B1- Airway Obstruction | ○ | ○ D1- Hypotension / Shock | ○ | ○ F7- Electrocution | ○ | ○ K5- Headache |
| ○ | ○ B3- Asthma | ○ | ○ D2- Other Vascular | ○ | ○ F5- Hanging | ○ | ○ K6- Hypothermia |
| ○ | ○ B2- COPD | ○ | ○ E1- Altered Consciousness | ○ | ○ G - Diabetic | ○ | ○ K7- Nausea / Vomiting |
| ○ | ○ B4- Inhalation Injury | ○ | ○ E2- CVA / TIA | ○ | ○ H - OB / GYN | ○ | ○ K8- Numbness |
| ○ | ○ B5- Respiratory Arrest | ○ | ○ E3- Seizure | ○ | ○ I1 - GI / Abdominal | ○ | ○ K9- Weakness |
| ○ | ○ B6- Respiratory Distress | ○ | ○ E4- Syncope | ○ | ○ I2 - GI Bleed | ○ | ○ K - Other_____ |

PRIOR Rx BY: (43) ○ N/A

| | 1st Aid / O2 | IV | Meds | Adv. Air-way | Extri-cation | CPR | Defib | WITN Arrest |
|---|---|---|---|---|---|---|---|---|
| Bystander | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 1st Responder | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Police | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Med. Facility | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| EMT | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Paramedic | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## INITIAL PHYSICAL EXAM

### MENTAL STATUS (44)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ A- Alert |
| ○ | ○ V- Resp. Verbal |
| ○ | ○ P- Resp. Pain |
| ○ | ○ U- Unresponsive |

### BEHAVIOR (45) ○ N/A

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Normal |
| ○ | ○ Acute Confusion |
| ○ | ○ Usually Confused |
| ○ | ○ Incoherent |
| ○ | ○ Interm. Consc. |
| ○ | ○ Combative |

### BREATH SOUNDS (46) (U)

| BLS/PFR Yes | BLS/PFR No | ALS Yes | ALS No | Assisted? |
|---|---|---|---|---|
| | | | | |
| Lt. | Rt. | Lt. | Rt. | |
| ○ | ○ | ○ | ○ | Clear |
| ○ | ○ | ○ | ○ | Wet |
| ○ | ○ | ○ | ○ | Decreased |
| ○ | ○ | ○ | ○ | Absent |
| ○ | ○ | ○ | ○ | Wheeze |
| ○ | ○ | ○ | ○ | Congested |

### RESPIRATORY EFFORT (47) (U)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Normal |
| ○ | ○ Inc. Effort (Labored, Retractions, Accessory muscles) |
| ○ | ○ Dec. Effort (Fatigued, Dec. rise & fall of chest) |
| ○ | ○ Absent |

### PUPILS (48) (U)

| | BLS/PFR | Yes | No | Blind | ALS | Yes | No | Blind |
|---|---|---|---|---|---|---|---|---|
| | ○ | | | | PERL ○ | | | |
| LEFT | | ○ | ○ | ○ | Reactive | ○ | ○ | ○ |
| | | Mid | Dil | Pin | Size | Mid | Dil | Pin |
| | | ○ | ○ | ○ | | | | |
| RIGHT | | ○ | ○ | ○ | Reactive | ○ | ○ | ○ |
| | | Mid | Dil | Pin | Size | Mid | Dil | Pin |
| | | ○ | ○ | ○ | | | | |

### SKIN TEMP. (49) (U)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Normal |
| ○ | ○ Warm |
| ○ | ○ Hot |
| ○ | ○ Cool |
| ○ | ○ Cold |

### SKIN COLOR (50) (U)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Normal |
| ○ | ○ Pale |
| ○ | ○ Cynanotic |
| ○ | ○ Flushed |
| ○ | ○ Cherry |
| ○ | ○ Jaundice |

### SKIN MOISTURE (51) (U)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Normal |
| ○ | ○ Dry |
| ○ | ○ Moist |
| ○ | ○ Diaphoretic |

### CAPILLARY REFILL (52) (U)

| BLS/PFR | ALS |
|---|---|
| ○ | ○ ≤ 2 Seconds |
| ○ | ○ > 2 Seconds |

### B. GLUCOSE (53)

1st ○ N/A

TIME:

2nd

TIME:

### PAIN QUALITY (54)

○ Sharp ○ Dull ○ Cramp ○ Crushing ○ Constant ○ Radiate

### PAIN SEVERITY (0 TO 10) (55)

○ N/A

Initial

Final

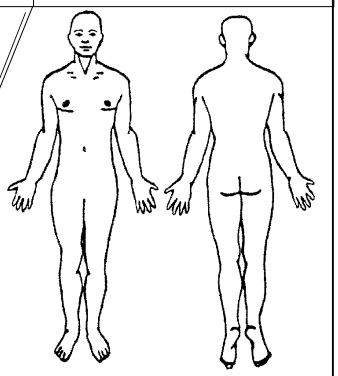
### GLASGOW COMA SCALE ○ N/A

| EYES BLS/PFR | EYES ALS | VERBAL BLS/PFR | VERBAL ALS | MOTOR BLS/PFR | MOTOR ALS |
|---|---|---|---|---|---|
| ○ | ○ 4-Opens spontan. | ○ | ○ 5-Oriented | ○ | ○ 6-Moves spontan. |
| ○ | ○ 3-Opens to command | ○ | ○ 4-Confused | ○ | ○ 5-Localizes |
| ○ | ○ 2-Opens to pain | ○ | ○ 3-Inappropriate | ○ | ○ 4-Withdraws |
| ○ | ○ 1-None | ○ | ○ 2-Incomprehensible sounds | ○ | ○ 3-Flexor posturing |
| | | ○ | ○ 1-None | ○ | ○ 2-Extensor posturing |
| | | | | ○ | ○ 1-None |

### PHYSICAL EXAMINATION - CHECK ONLY WHEN ABNORMAL

○ N/A

| INJURY / PAIN LOCATION (56) | PAIN - NO TRAUMA | BLUNT | BURNS | DISLOC./FX AMPUTATION | GUNSHOT | LACERATION ABRASION | PUNCTURE STAB | SOFT TISSUE SWELLING | WEAKNESS PARALYSIS | |
|---|---|---|---|---|---|---|---|---|---|---|
| Head / Face | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Neck | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Chest / Axilla | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Abdomen | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Back / Flank | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Pelvis / Hip | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| L Arm (U) (L) (J) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| R Arm (U) (L) (J) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| L Leg (U) (L) (J) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| R Leg (U) (L) (J) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |



## PAST MEDICAL HISTORY

### ALLERGIES (58)

○ None
○ Unknown
○ Yes
○ Latex

Allergic Meds:

### CARDIAC

○ None
○ Unknown
○ Angina
○ Arrhythmia
○ Cardiomyopathy
○ CHF
○ Congenital
○ Implanted Defib.
○ MI
○ Other_____

### SURGERY

○ None
○ Unknown
○ Abdominal
○ Heart
○ Lung
○ Neurological
○ Other_____

### CHRONIC PROBLEMS

○ None
○ Unknown
○ Asthma
○ Bleeding Disor.
○ Cancer
○ COPD
○ CVA / TIA
○ Dev. Delay / MR
○ Diabetes
○ Dialysis / Renal
○ Other_____
○ Gastrointestinal
○ Headaches
○ Hepatitis
○ HIV+
○ Hypertension
○ Paralysis
○ Psychiatric
○ Seizures
○ Substance Abuse
○ Tuberculosis

PERSONAL PHYSICIAN: (59)

CURRENT MEDS ○ Yes ○ No ○ Unknown

(60)

Revised: 01/01/06

61 CASE NO.

62 Overflow form used ○ Transfer of Care form used ○

## TREATMENT

63 ROUTINE EQUIPMENT / PROCEDURE ○ N/A

○ Nasal Airway ○ Oral Airway ○ Suction Airway ○ Backboard ○ CPR ○ C-Spine Immobilization

○ MAST Inflated ○ MAST Not Inflated ○ O2 Liters_____ ○ Nasal ○ Mask ○ OB Care ○ Splinting ○ Traction Splint

○ Wound Care ○ Other_____

Rx AUTHORIZATION 64

BLS/PFR ○ ○ ○

○ On-Line Physician ○ On Scene Physician ○ Protocol Only

BASE DOCTOR NO. BLS ALS 65

TRANSPORTED TO: 66 CODE #

TRANSPORT MODE ○ N/A

○ FD ALS ○ FD BLS ○ Private Ambulance ○ Air-Medical ○ Other_____ 67

CHOICE ○ N/A

○ Closest Hospital ○ Specialty Center ○ Patient / MD Request ○ Diversion ○ On-Line Medical Direction 68

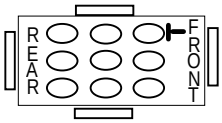
| FLUID | TIME | GAUGE | SITE | UNSUC | RATE | TOTAL VOLUME | PERFORMED BY | AIRWAY | TIME | AIRWAY TYPE | SIZE | UNSUC | PERFORMED BY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IV #1 NORMAL SALINE | 69 | | ○ IV ○ IO | ○ ○ | | CCS | A 1 2 3 B 4 5 70 | ADVANCED AIRWAY #1 | 71 | ○ Combitube ○ Oral ET ○ Nasal ET | | ○ ○ | A 1 2 3 B 4 5 72 |
| IV #2 NORMAL SALINE | | | ○ IV ○ IO | ○ ○ | | CCS | A 1 2 3 B 4 5 | ADVANCED AIRWAY #2 | | ○ Combitube ○ Oral ET ○ Nasal ET | | ○ ○ | A 1 2 3 B 4 5 |

| TIME | DRUG / PROCEDURE | DOSE / JOULES | ROUTE | PERFORMED BY | EKG RHYTHM | ECTOPICS BLOCKS | MENTAL STATUS | BLOOD PRESSURE Systolic | Diastolic | PULSE | Reg. or Irreg. | RESP. | PULSE OX | END TIDAL CO2 | + Improved - Worse 0 Same | RESPONSE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 73 | 74 | 75 | 76 | A 1 2 3 B 4 5 77 | 78 | 79 | A x V P U 80 | 81 | 82 | 83 | R I 84 | 85 | 86 | 87 | + - 0 88 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |
| | | | | A 1 2 3 B 4 5 | | | A x V P U | | | | R I | | | | + - 0 | |

| PERSONNEL ALS VEHICLE | Skill Level BLS | ALS | PENSION / EMPLOYEE # | CODE # | Hx | PHYS EXAM |
|---|---|---|---|---|---|---|
| A1 Report Writer | ○ | ○ 90 | 91 | 92 | ○ | ○ 93 |
| A2 89 | ○ | ○ | | | ○ | ○ |
| A3 | ○ | ○ | | | ○ | ○ |
| A4 | ○ | ○ | | | ○ | ○ |
| A5 | ○ | ○ | | | ○ | ○ |

| PERSONNEL BLS/PFR VEHICLE | Skill Level BLS | ALS | PENSION / EMPLOYEE # | CODE # | Hx | PHYS EXAM |
|---|---|---|---|---|---|---|
| B1 Report Writer | ○ | ○ 95 | 96 | 97 | ○ | ○ 98 |
| B2 94 | ○ | ○ | | | ○ | ○ |
| B3 | ○ | ○ | | | ○ | ○ |
| B4 | ○ | ○ | | | ○ | ○ |
| B5 | ○ | ○ | | | ○ | ○ |

MOTOR VEHICLE CRASH ○ N/A 99




Fill in Patient Location in Vehicle
X = Location of Impact to Vehicle

CRASH TYPE # of Vehicles: ○ 1 ○ ≥2 101

○ Car ○ Motorcycle ○ Aircraft ○ ATV ○ Bus 100

○ Semi-Truck ○ Snowmobile ○ Truck ○ Van ○ Watercraft

CRASH REPORT NUMBER 102

EXTERIOR DAMAGE

○ None ○ Minor ○ Moderate ○ Major 103

INTERIOR DAMAGE

○ None ○ Spidered Windshield ○ Steering Wheel Bent ○ Compartment Intrusion>12" 104

OTHER CRASH INFO

○ Death Same Vehicle ○ Patient Ejected or Thrown 105

○ Impact Speed 40+ mph ○ Prolonged Extrication ○ Rollover

RESTRAINTS

| | Obs. | Rprt. |
|---|---|---|
| None 106 | ○ | ○ |
| Airbag | ○ | ○ |
| Lap Belt | ○ | ○ |
| Shoulder Belt | ○ | ○ |
| Child Seat | ○ | ○ |

PATIENT SAFETY EQUIPMENT ○ N/A

○ None ○ Helmet 107 ○ Eye Protection ○ Clothing Protection ○ Flotation Device ○ Unknown

## HISTORY / RESULTS OF Rx: (Situation, Assessment, Treatment, Response)

COMPLAINT REPORTED BY DISPATCH: 108

BLS/PFR 109

ALS 110

111 CASE NO.

CAUSE OF INJURY (Select One) 112 ○ N/A

- ○ Air Pressure Mishap (scuba diving)
- ○ Aircraft Related
- ○ Athletic Event
- ○ Bicycle Crash (exclude MVC)
- ○ Bicycle vs Motor Vehicle
- ○ Bite (nonvenomous animal only)
- ○ Burns - Fire/Flames
- ○ Burns - Hot Liquids
- ○ Burns - Hot Object
- ○ Chemical Exposure
- ○ Child Battering (suspected)
- ○ Crushed Between Objects
- ○ Diving Injury (strike bottom)
- ○ Drowning
- ○ Electrocution (non-lightning)
- ○ Excessive Cold
- ○ Excessive Heat
- ○ Explosion
- ○ Fall
- ○ Fall Down Stairs
- ○ Fall From Height > 9'
- ○ Firearm
- ○ Legal Intervention Injury
- ○ Lightning
- ○ Machine Injury
- ○ Motor Vehicle (Non-Traffic, off road)
- ○ Motor Vehicle (Traffic)
- ○ Overexertion / Strenuous Activity
- ○ Pedestrian vs Motor Vehicle
- ○ Physical Assault (with object or punch, kick, push, human bite)
- ○ Poison, Drug Ingestion, Alcohol
- ○ Poison, Not Drugs
- ○ Radiation Exposure
- ○ Sexual Assault
- ○ Smoke Inhalation
- ○ Stabbing / Cutting
- ○ Striking Against, Struck by Object (includes sledding accidents)
- ○ Suffocation-Mechanical, Hanging
- ○ Venomous Stings & Bites (plant/animal/insect)
- ○ Water Transport Incident
- ○ Unknown Cause
- ○ Other_____

INTENT OF INJURY 113
- ○ Intentional
- ○ Unintentional
- ○ Undetermined

SOURCE OF INJURY 114
- ○ Self
- ○ Unknown
- ○ Other Person
- ○ Other

RESPONSE TYPE 115

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Response to Scene (Incl. Still Alarm) |
| ○ | ○ Intercept |
| ○ | ○ Mutual Aid |
| ○ | ○ Scheduled Interfacility Transfer |
| ○ | ○ Standby |
| ○ | ○ Unscheduled Interfacility Transfer |
| ○ | ○ Unknown |

LIGHTS & SIREN TO SCENE 116

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Lights and Siren |
| ○ | ○ No Lights or Siren |
| ○ | ○ Initial Lights and Siren, Downgrade to No Lights or Siren |
| ○ | ○ Initial No Lights or Siren, Upgrade to Lights and Siren |

LIGHTS & SIREN FROM SCENE 117 ○ N/A

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Lights and Siren |
| ○ | ○ No Lights or Siren |
| ○ | ○ Initial Lights and Siren, Downgrade to No Lights or Siren |
| ○ | ○ Initial No Lights or Siren, Upgrade to Lights and Siren |

118 LOADED MILEAGE (Start=at scene, End=at hospital) End-Start=Trans.Miles

Start Odom. ___.___ End Odom. ___.___ Trans. Miles ___.___

## MISCELLANEOUS

TREATMENT PROVIDED 119
- ○ Treated
- ○ Not Treated (includes examine only)
- ○ Patient Refused Treatment

BASE EKG ACTIVITY ○ N/A
- ○ Rhythm Strip Done - Not Sent
- ○ Rhythm Strip Done - Sent 120
- ○ 12 Lead Done - Sent & Received
- ○ 12 Lead Done - Sent & Not Rec'd or Not Sent

121

| | Yes | No | N/A |
|---|---|---|---|
| Smoke Detector? | ○ | ○ | ○ |
| Operational? | ○ | ○ | ○ |

STUDY? ○ Yes ○ No

| 6 | 8 | 9 | 10 |
|---|---|---|---|
| ○ | ○ | ○ | ○ |

122

# PATIENTS ON SCENE ○ Single ○ Multiple 123

MASS CASUALTY? ○ Yes ○ No (overwhelmed existing EMS resources) 124

125 CARDIAC ARREST OUTCOME ○ N/A

Any Return of Pulses? ○ Yes ○ No

Resuscitation Type (select one) 126
- ○ Successful (Pulses at ED)
- ○ Unsuccessful (No Pulses at ED or Terminated in Field)
- ○ DNR Order (Do Not Resuscitate)
- ○ None, DOA - Trauma
- ○ None, DOA - NonTrauma

PNB Outcome (select one) 127
- ○ Terminated in Field/DNR
- ○ DOA at ED
- ○ Expired in ED
- ○ Admit to ED

TIME OF EXPIRATION 128 ___ ___ ___

PATIENT CONDITION AT END OF CALL 129
- ○ Unchanged
- ○ Improved
- ○ Worse
- ○ DOA
- ○ Unknown

PPE USED 130

| BLS/PFR | ALS |
|---|---|
| ○ | ○ Gloves |
| ○ | ○ Gown |
| ○ | ○ Goggles |
| ○ | ○ Mask |
| ○ | ○ Other_____ |

FACILITY NOTIFIED BY 131 ○ N/A
- ○ Radio
- ○ Phone
- ○ Direct
- ○ Unable*

*Explain:_____

DIFFICULTIES ENCOUNTERED 132 ○ N/A
- ○ Dispatch
- ○ Extrication
- ○ Hazardous Material
- ○ Language Barrier
- ○ Road
- ○ Unsafe Scene
- ○ Vehicle Problems
- ○ Weather
- ○ Other_____

CONSENT (Pt. to initial all that apply)

EMS PROVIDER 133

134 ___ I refuse treatment / transport against medical advice and understand / accept risks. →

___ I request that payment of authorized Medicare or insurance benefits be made on my behalf to the Milwaukee County EMS Provider/municipal Fire Department EMS Provider attending me for any services furnished me by that Provider. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to the EMS Provider and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits payable for related services, now or in the future. I understand that I am financially responsible for the services provided to me by the EMS Provider, regardless of insurance coverage. This authorization is in effect until I choose to revoke it.

I also acknowledge that I have received a copy of the Milwaukee County EMS Provider and/or municipal Fire Department EMS Provider's Notice of Privacy Practices. →

Patient Signature:

135 X_____

○ Patient unable to sign. Reason: 136 _____

If patient unable to sign, ask witness to sign and document relationship to patient. The witness signature validates that patient care was provided by EMS personnel, it does not imply any financial responsibility.

Witness Signature:

137 X_____ Relationship:_____

Witness Address: 138 _____ ○ Address same as receiving hospital

City: _____ State: _____ Zip: _____

REFUSAL ○ N/A

The Refusal of Care flowchart has been followed per the Standard of Care.

139 EMS Personnel Initials: _____

○ EQUIPMENT FAILURE / OUT OF SERVICE ○ N/A

Type: 140 _____

○ COMPLICATION / SIGNIFICANT EXPOSURE ○ N/A

Type: 141 _____

PRIVACY NOTICE DELIVERED?

○ Yes (incl. prior pts) ○ No, explain why not:_____

If not patient, 142 Notice given to: _____

ER Doctor Name: 143 _____

Signatures of Persons Writing Report

BLS/PFR 144 _____ Reviewed By: 145 _____

ALS _____ Reviewed By: _____

146