



EMS Basic Information

Patient Name/

Address:

Last Revised:

Code Status:

Date of Birth:

Primary Diagnosis:

Additional Diagnosis:

BASELINE Vitals:

Weight:

Temp:

HR:

RR:

BP:

O2sat:

Cognitive/Communication:

Drug Allergies:

Emergency Medications:

Airway Status:

IV Lines:

Feeding Tube:

Other Appliances:

Location of Emergency Travel Bag:

Primary Dr and Phone:

Primary Hospital:

Primary Caregiver and Phone:

[illegible]