

Injury/ Illness Documentation Form.

Name: _____ **Age:** _____ **Sex:** _____

Course Name: _____ **Instructor(s):** _____

Location: _____

Mechanism of Injury (MOI)/ History of Present Illness (HPI):

Chief Complaint (CC): (Use OPQRST to help describe pain)

Objective:

Vital Signs:

Date/Time	Level of Responsiveness (LOR)	Heart Rate (HR)	Respiratory Rate (RR)	Skin Color Temperature Moisture (SCTM)

Head to Toe Exam (including CSMs):

S.A.M.P.L.E. History

Signs/Symptoms:

Allergies:

Medications:

Past Pertinent Medical History:

Last Intake/Output (Hydration, Food, Pee, poop, menstruation):

Events the lead up to injury/illness:

Plan (Emergency Care Rendered/ Changes in Patient's Condition)

Evacuation Plan (timetable, backup, pickup point, etc.)

Instructor Signature: _____

Date: _____ Time: _____