

**Minor Injuries
 Patient Care Report
 Form**

Crew Information		
Role	Call Sign	Signature
Lead Clinician		
Clinician Two		
Clinician Three		

CAD Reference _____

Patient Information and Emergency Call Details

Name <input type="text"/>			Previous Medical History			
Address <input type="text"/>						
D.O.B. <input type="text"/>	Age <input type="text"/>	Gender <input type="text"/>			Medications	
Next of Kin Details <input type="text"/>					Social History	
GP Practice <input type="text"/>			Allergies			

Incident Location	Date	Call Time	At Scene	Clear
		hrs	hrs	hrs

Details of Incident, Injuries sustained and Treatment Given

Time	HR	R	BP	GCS	Pupils	Temp	SPO ₂ %	BM	Comments

Drugs Administered

Drug/ Item Used	Dose	Route	Batch. No	Expiry Date	Time	Given By
					hrs	
					hrs	
					hrs	

Refusal of Treatment and or Transport

"I/We witness that the patient has refused treatment / transport to the ED. I/We have advised the patient to consult with his/her own doctor as soon as possible or should his/her condition deteriorate to call for the assistance of an emergency ambulance"

Clinician 1 _____ Clinician 2 _____
 Patient _____ Witness _____

Lead Clinician Signature		Patient Signature	
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