State of Georgia - Patient Care Report

Use Blue/Black Ink - Press Firmly

Service Name	Service #	Response #	Today's Date

Incident Location	Transported To

PATIENT INFO

Patient Last Name	First	MI	Personal MD	Treating MD
Street Address			Responsible Party	Phone
City	State	Zip Code	Street Address	
Phone	Age	DOB / Gender	City	State / Zip Code
Social Security #	Hosp. Record #			

CHIEF COMPLAINT		
CURRENT MEDICATIONS	☐ None Known	
ALLERGIES (MEDS)	☐ None Known	
PAST MEDICAL HX	☐ None Known	
NARRATIVE		

TIME	EMT #	PULSE	RESP	B/P	Sa02	NEURO	ORDERS - TREATMENT - RESPONSE - Rx - EKG
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Patient Received By | **Date** | **Drv/Medic** | **Certification and Number**

Physician's Signature | **Date** | **Medic 1** | **Certification and Number**

Medic 2 | **Certification and Number**

10907538