Prehospital Drop Sheet

First Name	MI	Last Name		Date of Service	
Street Address		SS#	Date of Birth	Age	Sex M F
City			State	Zip Code	
Referring		PMD	Starting Mileage		Vehicle #
Destination			Ending Mileage		Miles Total

Dispatched	Enroute	On Scene	At Patient	Depart Scene	Arrive Receiving	Transfer Care

Chief Complaint	Time of Onset	Allergies		
HPI		Past Medical History		
		Current Medications		
		GCS	Oxygen & Method	IV Size/Site/Soln/Rate
		Rhythm/12 lead EKG		

	Time	Resp	HR	BP	SpO2	Pain	
	Time	Resp	HR	BP	SpO2	Pain	

Other Treatments/Procedures

Notes

Primary Caregiver ID #	Secondary Caregiver ID #	Agency
Receiving Signature		