

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							
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Notes							
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Primary Caregiver		ID #	Secondary Caregiver		ID #	Agency	
Receiving Signature							