Lakeland College EMS Programs

*PATIENT CARE REPORT

Date:	Call Number:	
Patient Complaint/Reason for Ambulance	Weight	Medic Alert 9 Y 9 N For:

Time	Pulse	Blood Pressure	Resp.	GCS	PHI	Skin	Pupils	O_2 Sat.	Allergies 9 Y 9 N 9 Unknown
									Medications (List)

History and Treatment

_____ _____

Preceptor Name (please print) Preceptor Signature

_____ _____

Student Name (please print) Student Signature

_____

Date

*This Patient Care Report is for educational purposes only, and does not constitute a legal document.