PATIENT

Patient's Family Name: MR SMITH

Patient's Given Name: JOHN

Patient's Middle Name:

Town or Suburb: LEAVE BLANK OR STICK

Town or Suburb: STICKER ON HOSP COPY

M / F — Date of Birth: 01021934 — Age (Y): 16 — (M) if <2 yrs — Note: If age unavailable give best estimate.

State | Interpreter Needed? Abor./TSI | Language Spoken

Patient's Phone Number

Patient Location (From): A/A

State | Hospital Code

Destination Address (To): CAMPBELLTOWN HOSPITAL

State: NSW — Hospital Code: 91702

Transported	Non-Tx Other Agency - P6	**Exempt**	**Journey**	**Escort**
Tx Retrieval Teams	Non-Tx Non Health Issue - P7	Corrective Services	Single Return	Police Nurse MO
Non-Tx Authorised Care - P1	Non -Tx Casualty Station - P8	Emergency Worker	**Multistage** - 1st	MRN/Authority
Transport declined/refused-P2	Deceased on Examination	Police Custody	- 2nd	LEAVE
Treatment declined/refused-P2	Unable to locate patient	CR SIDS	- Final	Medicare Number
Non-Tx Healthy at Home - P3	Assist Treat/Load	S/D Assault	**Transport Bypass**	BLANK
Non-Tx CARE - P5	Operational Standby	Third Party	Cardiac	Pension/Concession Number DVA
Non-Tx ECP	Sporting/Special Event	**Sub Category**	Mental Health	
		MVA Single Vehicle	Trauma	
		Overseas Tourist	Opt. Centre	

INCIDENT INFORMATION

Booked | Scene | Patient Contact | Depart Scene | Triage | Off Stretcher | **Odometer Beginning** | **Odometer End** | Pat. Sport. Release

Medical/Surgical	Specialised Care	Neonatal (up to 28 days)
Cardiac	Drug/toxicology	Medical appointment
Major Trauma (T1)	Other (non Specific)	Diagnostic procedure
Trauma	Back pain	Pilot/evaluation
Environmental/Envenomation	Headache	

Est. time of incident/symptom: H H M M

Est. date of incident/symptom: D D M M Y Y

Current Medications

Patient on Meds. Yes No Unknown

Meds. with Pt. on scene Yes No

Meds. transport with Pt. Yes No

Chief Complaint

Patient/Incident History

MISTO

HOW TO COMPLETE PHCR

DURING HSU EMR

BANS

Allergies

Nil Unknown Yes

Paediatric Weight (Estimate): Te

VITALS

Time	Resp. Rate	$F_I/_{SpO_2}$	Breath Sounds L R	SpO_2 %	O_2 L/R	Diastolic	Glasgow Coma Score Eye + Vb + Mt = GCS	AVPU	Pupils Size R L	Pupils React. R L	B.G.L. mmol/l	Pain Score 00 - 10	PEFR l/min	$ETCO_2$
							+ + =							
							+ + =							