

# Patient Health Status Form

To accompany patient being evacuated

**Surname and first name**

**Age** (years)

**Sex**

**Time (hour) and date**

**Vital signs**

Blood pressure (systolic/diastolic)

Pulse (beats per min)

Body temperature (oral), note F or C

**Presenting medical problem**

Symptoms, site(s) of pain or injury, time of onset, duration of problem, contributing factors

**Treatment given** (medication, dressings, etc)

**Telemedical advice received**

**Other current medical problems**

**Past history of significant medical problems**

**Current medication being taken** (generic **and** brand names; dosage; time of last dose)

*When completed, the contents of this form shall be kept confidential and shall only be used to facilitate the treatment of the patient*