Patient Assessment Record – SOAP Note

Venture Crew 80

Notified	On Scene	Scene Safe?	Incident Occurred	Notify 9-1-1? Y N
Date & Time	Time		Time	Time

Airway **B**reathing **C**irculation (Chunk) **D**isability **E**nvironment

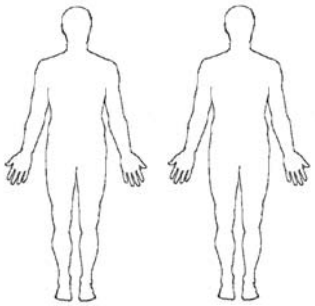
S Age	Sex M F	Name	Unit

Health Form - Permission to treat? Y N	Address, or contact	Phone
MOI **M**echanism **O**f **I**njury	City, State ZIP	
C/C Patient's Chief Complaint		
HPI **H_x of Present Illness:** Location, Onset, Duration, Frequency, Quality, Quantity, Exacerbations, Reliefs, Prior H_x of same		

Vitals (***OMIT*** *sections you are not trained/certified to complete)*

O Time➔							
LOC A+O^x VPU							
Skin c t m							
H R r q							
R R r q							
Pupils perrla							
BP							

Front **Rear**



Patient exam locations of pain, tenderness, injuries, **C**irculation **S**ensation **M**otion

Signs / **S**ymptoms

Allergies

Meds R_x, OTC, Rec.

Past Pertinent Med H_x

Last Oral Intake, Outputs

Events leading to accident/illness

A **Assessment (problems)**

1 *Possible*	R Y G
2 *Possible*	R Y G
3 *Possible*	R Y G
4 *Possible*	R Y G

P **Plan for each problem and for getting help**

1

2

3

4

Monitor Interval

EVAC? Y N	Date & Time	By:

Care by:		Care by:	
Care by:		Care by:	

If patient is transported, send a <u>copy</u> with the patient

W3bsa.org 2/13/15