

# CHART Method EMS Documentation

## Patient information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Chief complaint (C)</b>	
<b>History (H)</b>	
<b>Assessment (A)</b>	
<b>Treatment (Rx)</b>	
<b>Transport (T)</b>	

EMS provider's name: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_