

# EMT Patient Assessment

## Patient Information

Patient Name:

Age:

Birth Date:

Sex:

Medical History:

## Scene Size-Up

Scene Safety:

Mechanism of Injury (MOI) or Nature of Illness (NOI):

Number of Patients:

Additional Resources:

## Primary Survey

A - Airway:

B - Breathing:

C - Circulation:

D - Disability:

E - Exposure/Environment:

## History Taking

Signs/Symptoms:

Allergies (if any):

Medications:

Past Medical History:

Last Oral Intake:

Events Leading Up:

**Secondary Assessment**

Head-to-Toe Examination:

Vital Signs:

Detailed Physical Exam:

**Ongoing Assessment**

**Communication**

**Reassessment**

**Transport Decision**

**Special Considerations**

**Equipment Used**