

Name:	Date:
Age:	DOB:
Gender: Female Male	
Chief Complaint:	
Location:	Call #:
Response Agency:	Provider(s):

Time							
Pulse							
B/P							
Resp.							
SAO2							
Lung Sound(s)							
Skin							
Pupils							
LOC	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU	AVPU

S		O	
A		P	
M		Q	
P		R	
L		S	
E		T	

Assessment / Interventions:
( Continue on other side )

Glasgow Coma Scale			
Eye Opening	Verbal Response	Motor Response	GCS Total
Spontaneous 4	Orientated 5	Obedient 6	
To Voice 3	Confused 4	Purposeful 5	
To Pain 2	Inappropriate 3	Withdraws 4	
None 1	Incomprehensive 2	Flexion 3	
	None 1	Extension 2	
		None 1	