

Patient Assessment Record – SOAP Note

Venture Crew 80

Notified Date & Time	On Scene Time	Scene Safe?	Incident Occurred Time	Notify 9-1-1? Y N Time
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Airway **B**reathing **C**irculation (Chunk) **D**isability **E**nvironment

S Age	Sex M F	Name	Unit
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Health Form - Permission to treat? Y N	Address, or contact	Phone
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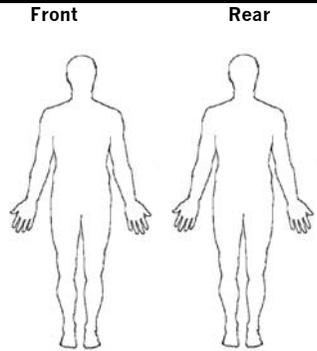
MOI Mechanism Of Injury	City, State ZIP
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C/C Patient's Chief Complaint

HPI Hx of Present Illness: Location, Onset, Duration, Frequency, Quality, Quantity, Exacerbations, Reliefs, Prior Hx 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							



Patient exam locations of pain, tenderness, injuries, Circulation Sensation Motion

Signs / Symptoms

Allergies

Meds Rx, OTC, Rec.

Past Pertinent Med Hx

Last Oral Intake, Outputs

Events leading to accident/illness

A Assessment (problems)	R Y G
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:
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Care by:	Care by:	
Care by:	Care by:	

If patient is transported, send a copy with the patient