Chirurgeon Incident Report

Pt Legal Name: | Date:

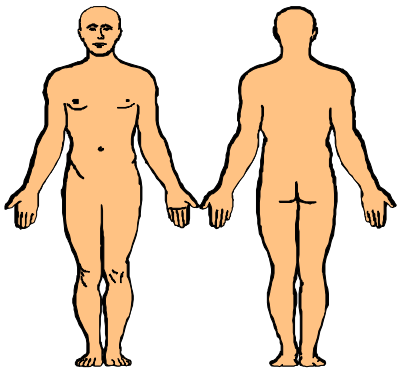
Scene

Subjective

S	Symptoms	A	Allergies
		M	Medications
		P	Past History
		L	Last Meal
		E	Events

Objective

Exam:



Vital Signs

Time	Pulse	Resp	BP	Skin	Temp	AVPU

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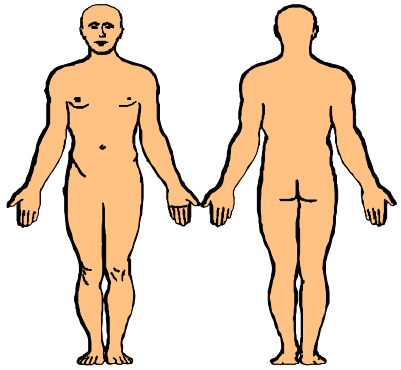

Vital Signs

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Assessment and Treatment Plan

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan

Additional Notes

Injury type: Heavy Rapier Bystander Ktichen Dancing Camping Other

Legal name: DOB:

Address

Phone

Attending Chirurgeon

Legal Name Print and sign:

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