

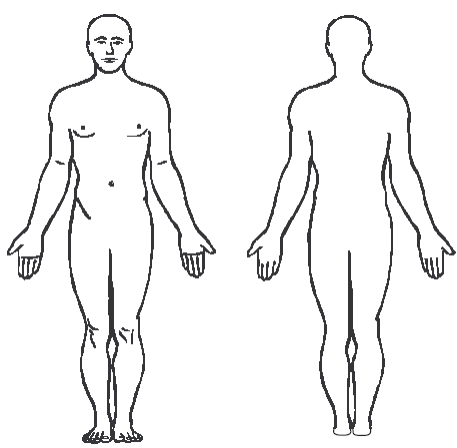


Name:		Sex:	
Age:	Birthdate:	Weight:	<input type="checkbox"/> kg <input type="checkbox"/> lbs
Emergency Contact:		Phone:	

Subjective	Scene:		
Symptoms:	Allergies:	Medications:	
Pertinent History:	Last In / Out:	Events:	

Objective	Physical Exam:

	Time	Pulse	Resp.	BP	Skin	Temp	AVPU



ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)

A' = Anticipated Problems

P = Treatment Plan

ADDITIONAL NOTES
