Agency Name									1	Agency No.	Incident	#	
Mo. Day	Yr.	Incident Ad	ddress					City		<u> </u>			
Patient Name (Last, I	First, Middle	Int.)				Р	arent or Lega	al Guardian	Birthdate	Age	GENDE	R	Pt #
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Patient Address					City & Stat	е			Phone	Patient He	althcare I	Provider	
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Pulse Rate													4 Spontaneous
Respiratory Rate													3 To voice
ECG Rhythm													2 To pain 1 No Response
Oxygen (L/min)													VERBAL
Pulse Oximetry (%)													5 Oriented
Glucometry (mg/dl)													4 Confused
IV fluids (liters)													3 Inappropriate 2 Incomprehen-
DC Shock (joules)						_		+					sible
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Signature of Person Completing Form

This document contains only a portion of the EMS report and does not constitute the full EMS record

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Pulse Rate											4 Spontaneous 3 To voice
Respiratory Rate											2 To pain
ECG Rhythm											1 No Response
Oxygen (L/min) Pulse Oximetry (%)								_			VERBAL 5 Oriented
Glucometry (mg/dl)								_			4 Confused
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Home Medications	None	'	'		<u>'</u>	Allergies N	one				
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Refusal of Medical Evaluation, Treatment and/or Transportation

The patient is at least 18 years old and does not appear to be experiencing any altered mental status and appears to have the capacity to understand the current situation.

"I hereby acknowledge that I have been advised by emergency medical personnel that evaluation, treatment and/or transportation are necessary for my condition. I have also been informed that I risk medical consequences if I refuse to be examined, treated and/or transported by emergency medical personnel. I hereby state my refusal to follow this advice and refuse further evaluation, treatment and/or transportation to a medical facility."

Patient's Name:	Date:
Patient's Signature:	Date:
Parent/Guardian Signature:	Date:
EMT or Paramedic Signature:	Date:
Witness Signature:	Date:
Witness EMS Agency Affiliation or Address:	

Instructions for EMS Personnel

- 1) Complete this form in ink.
- 2) Fill in patient's name, and the date.
- 3) Read the statement slowly and clearly to the patient. Ask if they understand what it says.
- 4) Have the patient sign on the "Patient Signature" line, or on the "Parent/Guardian" line if appropriate. If the patient or parent/guardian refuses to sign, or you are unable to obtain a signature for any other reason, simply make a note to that effect, sign the form and have it witnessed.
- 5) Obtain a signature from a witness (preferably someone from your agency), and note that person's EMS agency affiliation or address.

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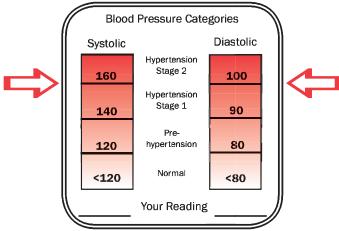
This information	on is provided as a publi	c service by your le	ocal fire de	partmen	ıt.
Not Tran	Please understa	did not require emergend and that your situation m our condition worsens, se	ay still require	follow up m	edical
Low Bi	ood Sugar	П	igh Blood I	Pressure	
Your fire department measured your blood sugar during your medical emergency. Before treatment, your blood sugar level was Your low blood sugar was treated by the following method: No Treatment The EMTs gave no immediate treatment because	candy, cookies, etc.) and recheck your blood sugar in	during Your blo	rtment took you your medical en od pressure was od Pressure Cate Hypertension Stage 2 Hypertension Stage 1 Pre- hypertension	nergency. s very high.	ure

After providing sugar, your

blood sugar level was

☐ Other

- Check your blood sugar frequently for the next several hours.
- If your condition worsens, **CALL 911 IMMEDIATELY!**



High blood pressure can lead to life-threatening diseases such as heart disease, stroke, or kidney failure. There are good treatments for lowering high blood pressure. You need to talk with a doctor.

> We recommend that you have your blood pressure checked again as soon as possible.

Falls

If you are 65 or older and fell at home, there are two programs in King County that can assist you in staying healthy, independent, and safe in your home. Please call for more information.

One Step Ahead

King County Emergency Medical Services (206) 369-5817

- Individualized health evaluation in your home
- · Free for those who qualify
- · Home safety check
- · Installation of home safety devices

Harborview Fall Prevention Clinic

(206) 744-4191

- · Individualized health evaluation at Harborview
- Home safety suggestions
- · Medication review, balance and vision checks

Community Resources

Social support services are available to everyone in King County. These organizations give confidential assistance for people in need of help.

Washington 2-1-1.....2-1-1

(Monday thru Friday 8 am to 6 pm)

- · Caregiver & Disability Resources
- Social Services
- · Health Care & Support Groups

The Crisis Clinic.....(206) 461-3222

(866) 427-4747

(24 hours a day)

- · Emotional Crisis & Trauma
- · Suicide Prevention & Education

The Healthy Aging Partnership......1-888-4ELDERS

(Monday thru Friday 9 am to 5 pm)

- · Home, health, and safety for elders
- · Help for aging parents