* PreMiS Preliminary Report				
1. Patient Information	TIVI I CIVIIS I I	miniary report		
Patient Name		Ag	e Date of Birt	th Sex DMDF
Patient Address	City	Sta		Phone Number
2. Unit Information				3. Dates and Times
Agency Name		A	Agency Number	Date
Unit Number	Call Sign	1		PSAP Call
EMT B / I / P State ID	EMT B /	I / P State ID	\longrightarrow	Unit Notified
4. Situation				Arrived on Scene
Location/Address of Call or Incident				Left Scene
Chief Complaint			Same as Patient Address	Patient at Destination
5. Narrative		Onset Dat	e/Time	
5. Narrative				
·				
				
6. Vital Signs				
Time BP HR RR	Glucose CO2 SaO2 Ter	mp GCS Cardiac Rhythm	or 12 Lead Interpretation	Glasgow Coma Score (GCS) Legend
				Eye 1 None 2 Pain 3 verbal 4 spontaneous
	\rightarrow	\rightarrow		Verbal 1 none 2 incomprehensible
	\rightarrow	\rightarrow	$\overline{}$	3 inappropriate words 4 disoriented 5 oriented
\rightarrow	$\rightarrow \rightarrow \rightarrow \rightarrow$	\rightarrow	$\overline{}$	Motor 1 no response to pain 2 extends to pain
\rightarrow	$\rightarrow \rightarrow \rightarrow \rightarrow$	\rightarrow	$\overline{}$	3 flexes to pain 4 withdraws from pain 5 localizes pain 6 obeys commands
7. Stroke Screen Positive I	Negative Not Done 8. Re	perfusion Check Sheet	□ No Contraindicators 〔	☐ Contraindicators ☐ Not Done
9. Procedures and Medication		<u> </u>		
Time Procedure	Size Tech I	\longrightarrow	lication Dose	e/Route Tech ID
:	\rightarrow	:		
:	\rightarrow			
:	\rightarrow		——	\longrightarrow
:	\rightarrow		\longrightarrow	\longrightarrow
10 Dianositian				
10. Disposition Destination Name and/or Address				
Destination Name and/or Address				
11. Signatures				
ETT Confirmation and Signature at Destina	tion	EMT Signature		State ID
Treatment Authorized by	MD M	Patient Received by		
Medical Control Signature	livi li	Room Assignment		<
This is a Preliminary Document – This is not the final EMS Patient Care Report				
This is a Prelin	ninary Document – T	his is not the final l	EMS Patient Ca	are Report