

ELK MOUND POLICE – EMERGENCY MEDICAL ‘SAMPLE’ WORKSHEET

Confidential Patient Information – Not for Public Access or subject to release*

Patient Name:			
(Please Print)	First Name	Middle Name	Last Name
DOB (mm/dd/yy):		Age:	Phone:
Emergency Contact:			Phone:

S	SIGNS & SYMPTOMS: (CHIEF COMPLAINT):	
A	ALLERGIES:	
M	MEDICATIONS & LAST DOSE:	
P	PERTINENT MEDICAL HISTORY:	
L	LAST FOOD & DRINK:	
E	EVENT TO INCIDENT: LOSS OF CONSCIOUSNESS:	
	CHECK FROM HEAD TO TOE, OTHER NOTES:	

*Information above may contain any combination of **PERSONAL IDENTIFYING INFORMATION** (18 USC § 2721; 18 USC § 2722; Wis. Stat. § 19.36(10)), **JUVENILE INFORMATION** (Wis. Stat. § 938.396; Wis. Stat. § 48.78; Wis. Stat. § 48.396; Wis. Stat. § 938.78), or **PATIENT HEALTH CARE RECORDS** (Wis. Stat. § 146.82, **and shall only be released by EMPD staff to an Emergency Medical Services provider on the immediate scene during transfer of command for the purposes of health care operations, as defined in 45 CFR 164.501, as authorized under 45 CFR 164, subpart E**). Any information present shall not otherwise be released without specific authorization of the Chief of Police or the Custodian of Records. Please refer to 'Elk Mound Police Policy 804 – Records Maintenance and Release' for further information.