

DEPARTMENT OF HEALTH & FAMILY SERVICES

AMBULANCE REPORT

STATE OF WISCONSIN

Division of Public Health
DPH 7119 (Rev. 02/01)

Completion of this form meets the requirements of administrative rule HFS 110.04(3)(b).
Some client information in this document is confidential under Wis. Stat. 146.82(1).

Adm. Code HFS 110.04(3)(b)

Date Incident Reported (Mo/Day/Yr) Service Name and ID No. Responding Unit Station Patient Care Record / Alarm No.

Incident Address / Location Incident Municipality Incident County

Destination Address / Facility Name Destination Municipality Destination County

Mileage: (Loaded) End Begin Total Lights And Siren To Scene: [] Non-Emergent, No Lights or Siren [] Initial Emergent, Downgrade To No Lights and Siren [] Emergent, Lights and Siren [] Initial Non-emergent, Upgrade To Lights and Siren [] N/A Crash Report No.

Pt. Det. Call Rec. En Route At Scene At Pt. Lv. Scene At Dest. In Service
Crew Member Name / License No.

1. Location Type [] Clinic / Medical [] Highway / Street [] Industrial [] Public Building [] Residential Inst. [] Unspecified [] N/A
[] Airport [] Educational Inst. [] Home / Residence [] Mine / Quarry [] Public Outdoors [] Restaurant / Bar [] Other
Response Type [] Mutual Aid [] Response To Scene [] Standby [] Unknown [] N/A
[] Intercept [] Scheduled Interfacility Transfer [] Unscheduled Interfacility Transfer

Patient Last Name / First / M.I. Mailing Address City State Zip Code Phone ()

Emergency Contact Name Address City State Zip Code Phone ()

Personal Physician [] N/A Date of Birth Age Weight Gender [] lbs [] Male [] kg [] Female

Social Security No. (Optional) Race [] White [] Black [] Unknown [] Hispanic [] American Indian/Alaska Native [] Asian/Pacific Islander [] Other Work Related Injury [] Yes [] No

Employer Address City State Zip Code Phone ()

Insurance 1 Group No. Insured No.

Insurance 2 If MVA, Agency Address Phone Group No. Insured No.

Medicare HMO Medicaid

Signs / Symptoms [] Bloody Stool [] Diarrhea [] Headache [] Paralysis [] Syncope [] Weakness [] Abdominal Pain [] Breathing Difficulty [] Dizziness [] Hypertension [] Palpitations [] Trauma [] Unknown [] Bleeding [] Back Pain [] Cardiac Arrest [] Ear Pain [] Hypothermia [] Pregnancy / Childbirth [] Unresp. / Unconscious [] Other [] Chest Pain [] Eye Pain [] Nausea [] Respiratory Arrest [] Vaginal Bleeding [] None [] Choking [] Fever/Hyperthermia [] Numbness [] Seizures / Convulsions [] Vomiting

Allergies [] None Patient's Current Medications [] None Dose Dose Dose Dose Last Oral Intake [] N/A

Pre-Existing Medical Condition -- Medical [] Asthma [] CVA / TIA [] Hypotension [] Angina [] Myocardial Infarction [] Developmental Delay / MR [] Other [] Bleeding Disorders [] Diabetes [] Seizures / Convulsions [] Arrhythmia [] Cardiac Surgery [] Psychiatric [] None [] Cancer [] Gastrointestinal [] Tuberculosis [] Congenital [] Substance Abuse [] Chronic Renal Failure [] Headaches [] Congestive Heart Failure [] Other [] Chronic Resp. Failure [] Hepatitis [] Hypertension [] Tracheostomy

Vitals [] Vital Continued with Advanced Skills [] N/A Mental Status/Behavior Eyes Breath Sounds

Table with columns: Time, BP, Pulse Rate, Qual., Resp. / SPO2, Resp. Effort, Level of Consciousness, Mental Status/Behavior, Eyes, Breath Sounds. Includes sub-sections for Vitals, Mental Status/Behavior, Eyes, and Breath Sounds.

Skin Temp [] Normal [] Dry [] Normal [] Cyanotic [] Sharp [] No [] 0-15 Min [] Moist [] Pale-Ashen [] Dull [] Yes [] 15-60 Min [] Warm/Hot [] Diaph [] Cherry [] Cramp [] 1-12 Hr [] Flushed [] Crushing [] 12-24 Hr [] Jaundice [] Constant [] Other: [] Capillary Refill [] Normal [] Delayed [] N/A

CPR Provider: [] Bystander [] First Responder Unit [] EMS Unit [] Unkn Defib Provider: [] PAD [] First Responder Unit: [] EMS Unit: [] CPR Start Time [] Discontinue [] Witnessed Arrest [] Yes [] No Time [] N/A