EMERGENCY REPORT FORM – PAGE 1	©Colorado Mountain Club 2008				
Patient's Name	Pelvis: Stability:				
Ageyr DateTime	Legs: Wounds, deformities				
1. Initial Exam:	Feet: Check pulses, movement, sensation				
Airway Open? Breathing? Circulation – Pulse?					
Stop major bleeding – Check for any life threats	Arms: Wounds, deformities				
and major injuries.					
Stabilize neck if any suspicion of spine injury.	Hands: Check pulses, movement, sensation				
2. Level of Consciousness (LOC):	Tarray and the same of the sam				
☐ Alert ☐ Responds to verbal commands	Back: Wounds, deformities, pain				
Responds to pain Unconscious					
3. Protect the patient and yourselves. Prevent	Skin: Color				
further injury.	☐ Hot ☐ Cold ☐ Moist ☐ Dry				
4. Detailed Exam: (Performed by 1 person)	5. History:				
RECORD FINDINGS & TREATMENT.	What happened?				
Head: ☐ Lacerations ☐ Depressions	What happened.				
Troud: Discretions Dispressions ———————————————————————————————————					
Pupils: Constricted Dilated Unequal	Where does it hurt?				
Ears: Fluid? Color	Whole does it light.				
Nose: Fluid? Color					
Mouth: ☐ Blood?	Allergies? Medications?				
Neck: ☐ Wounds ☐ Deformities	Med-Alert tag?				
Ticek. — Woulds — Deformaties ————	Past relevant medical history				
Chest: ☐ Unequal movement ☐ Fractured ribs					
chest. — Onequal movement — Fractured nos					
Abdomen: □ Pain □ Rigidity Where?	Last oral intake				
Tear here and take bottom part to rescuers.					
Information for Rescuers	LOC:				
Patient's Name: Age:yr	Significant exam findings:				
Date of incident: Time:					
Address:					
City: St:					
Person to Notify:	Tuesday of a signature				
Phone:	Treatment given:				
What happened:					
Training level of caretaker:	Allergies:				
	Meds:				
Injuries/Illness:	Vital signs:				
	Time				
	Pulse				
	Respiration				

EMERGENCY REPORT FORM – PAGE 2									
TIME	BREATH RATE	BREATH QUALITY Shallow Deep, Noisy Labored	PULSE RATE	EXTREMITY Sensory Motor Pulses	SKIN Temperature Color Moisture	PUPILS Size? Equal? Reactive?	Alert Obeys Verbal Pain Response Only Unconscious		
INF	ORMATION	ottom part to re	JERS	☐ Well-equip	☐ Intermediate ped ☐ Limited reas: Comments				
Map Quadrangle: Section: GPS coordinates: Terrain conditions:			□ Food □ Water						
Recent weather conditions:			☐ Cell Phone # ☐ Whistles						
How many party members remaining with patient?			☐ Signal Mirror						
with pa	atient?			☐ Party will s	tay put be moving to:				