Illinois Department of Natural Resources
Office of Mines and Minerals
Coal Mine EMS System
Patient Information Report

Date: ______________________ EMT NAME/#: ______________________

Patient's Name: ____
Last First Middle

Address: ____
Street City State Zip

Company & Mine: ____

Time: Arrived: _____ am pm Nature of Call ___ Cardiac ___ Medical ___ Trauma ___ Burn ___ Behavioral ___ other __________

Patient: Complaint: ______________________ Medical History: ______________________

Allergies: ______________________ First Impression: ______________________

Medications: Condition at Scene: Good Fair Critical

LEVEL OF CONSCIOUS	MENTAL STATUS	SKIN COLOR	PUPILS	BLEEDING	VITAL SIGNS			
☐ Conscious/Alert	☐ Oriented	☐ Normal/Dry	☐ Equal/Reactive	☐ None	Time	B/P	PLSE	RSP
☐ Responds/Voice	☐ Disoriented	☐ Ashen/Moist	☐ Non-Reactive	☐ Controllable				
☐ Responds/Pain only	☐ Combative	☐ Cyanotic	☐ (R) Larger	☐ Hard to Control				
☐ Unresponsive		☐ Reddish	☐ (L) Larger	☐ Uncontrollable				

TREATMENT AT SCENE

☐ Oxygen	☐ Airway Adjunct	☐ Provided Ventilations	☐ CPR	DEFIBRILLATION
☐ Traction	☐ Hemorrhage Control	☐ Bandaging	☐ Splinting	☐ Times 1
☐ Spine Board	☐ Extrication	☐ Psych. First Aid	☐ MAST	☐ Times 2
☐ Cervical Collar	☐ Assisted Ventilations	☐ Suction	☐ Other_______________	☐ Times 3

Response to Treatment: ____________ Improved __________________ No Change __________________ Deteriorated

TREATMENT:____
____
____

RELEASE FROM LIABILITY STATEMENT

I hereby refuse the emergency medical services offered by ________________________________, EMT. I understand that my refusal may jeopardize my health, and hereby release the above named party/s from any and all claims of liability in connection with my refusal.

______________________________ ______________________________
Signature of Patient Signature of EMT

______________________________ ______________________________
Signature of Witness Signature of EMT

______________________________ ______________________________
Signature of Witness Date

RELEASED TO TRANSPORT SERVICE OR OTHER EMT

Time EMT/s left scene:_______am/pm Released to:______________________________

Time released to transport service________am/pm ______________________________
Signature of receiving service or EMT

Original: IDNR Office of Mines & Minerals 2nd Copy: I