NON-TRANSPORT OF PATIENT FORM

CALL IDENTIFICATION

Patient Name_____Age____

Call location _____Date _____ Time_____Unit#_____Agency Run # ____

PATIENT ASSESSMENT Chief Complaint___

VITAL SIGNS BP _____ Pulse_____ Resp _____

Oriented to: _____Person _____Place _____Time _____Situation

GENERAL ASSESSMENT

_____

_____

DISPOSITION

___ Patient transported by private vehicle.
___ Released in care or custody of self.
___Released in care or custody of relative or friend. _____
Name
___ Released in care or custody of other agency. _____
_____
Agency Name Name of Responsible Individual

PATIENT INSTRUCTIONS

___ Patient instructed to call 9-1-1 or follow up with his/her physician if condition persists or worsens.

Patient signature	Print patient name	Date	Time
Surrogate signature	Print surrogate name	Date	Time
Witness signature	Print witness signature	Date	Time
EMS personnel signature	Print EMS Personnel Name	Date	Time