

___/___/___

Tightwad FPD Patient Care Record



Date of Call / /		EMTs/MRs																																												
Nature of call			Age/Circle Gender		Patient Description																																									
			M F																																											
Narrative																																														
D =																																														
C =																																														
H =																																														
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R =																																														
T =																																														
Past Medical History				Medications																																										
				Allergies																																										
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Time</th> <th rowspan="2">B.P.</th> <th rowspan="2">Pulse</th> <th rowspan="2">Resp.</th> <th rowspan="2">SpO₂</th> <th colspan="3">GCS</th> <th rowspan="2">Blood Sugar</th> </tr> <tr> <th>Eyes</th> <th>Verbal</th> <th>Motor</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">%</td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">%</td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td style="text-align: center;">%</td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>								Time	B.P.	Pulse	Resp.	SpO ₂	GCS			Blood Sugar	Eyes	Verbal	Motor					%									%									%				
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					Eyes	Verbal	Motor																																							
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Time	Procedure/Medication			Dossage	Route	Response to Treatment																																								
Clinical Impression						Signature(s)																																								