



Louisa County Department of Fire & EMS
P.O. Box 160, 1 Woolfolk Avenue
Louisa, Virginia 23093
Phone: 540-967-3491 Fax: 540-967-3498
Patient Hand-Off Report

PATIENT INFORMATION (Address must be where patient receives their mail)

NAME _____ PH # _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 DOB []
 SEX [] M [] F [] RACE _____
 DISPATCH REC [] GRH [] UVA [] MWH [] MJH [] AIR [] OTHER []
 CHIEF COMPLAINT _____ ONSET _____

HISTORY _____
 HYPERTENSION CARDIAC CVA DIABETES ASTHMA CHF COPD CANCER RENAL SEIZURE PSYCHIATRIC
 MEDICATIONS _____

ALLERGIES _____
 H&P _____
 HEENT: _____
 NEURO: _____
 PULM: _____
 CV: _____
 CHEST: _____
 ABD: _____
 GI/GU: _____
 EXT'S: _____

SIGNATURES _____ AIC: _____ MD: _____

DATE	UNIT #	AIC	DRIVER	ATT. 1	ATT. 2	EMP #	INCIDENT #	DISPATCHED	RESPONDING	ON SCENE	PT. CONTACT	LEAVE SCENE	ARRIVE DEST.	XFER CARE	LEAVE DEST.	RETURN SERVICE	GLU	TEMP	GCS	PAIN

SAME AS ADDRESS

RESPONSE LOCATION

VITAL SIGNS

TIME	PULSE	BP	SAO2	ETCO2	RESP	RHYTHM	GLU	TEMP	GCS	PAIN

PROCEDURES

PROCED.	LOCATION	SIZE	ATT.	SUC.	TIME	EMP. ID	OTHER

MEDICATIONS

MEDICATION	DOSE/ROUTE	TIME	EMP. ID	AMT. WSTD.	WITNESS INT.

DRUG BOX NUMBER _____ OLD: _____ NEW: _____

NARCOTICS ACCOUNTED FOR _____