

Emergency Medical Services (EMS) Report Template

Patient Information

Full name:

Date of birth:

Sex/Gender:

Chief complaint:

Arrival

EMS performed:

Medical dispatch
details:

Initial assessment:

Previous medical history:

(List any significant past or ongoing medical conditions, injuries, or chronic illnesses.)

Allergies (medications,
food, environmental) &
Reactions:

(List any known allergies and describe the reaction, e.g., penicillin – rash.)

Patient chief complaint:

Additional notes:

Note: You can auto-fill files like this when using Sully, your superhuman team of AI-employees for healthcare. Loved by healthcare organizations with over 30,000 providers.

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Vital Signs

LOC		Speech		Skin	
RR		SpO2		HR	
BP		MAP		T	
GCS		E		V	
M		Central Capillary Refill Time			
Additional notes/checks:					

Physical Examination

Injury present:			
Cause of injury:			
Injury type:			
Substance use indicator:			
Additional notes:			
Transport changes:		Signature:	
Officer name:		Date:	

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