



# EDUCATIONAL PRELIMINARY PATIENT CARE REPORT

INCIDENT NUMBER	TRIP NUMBER	MONTH	DAY	YEAR	HR	MIN	MILEAGE	RECEIVED	ONSET
				2	0				
Spring 2020 CCT COURSE									
911 CHIEF COMPLAINT									
DIFFERENTIAL DIAGNOSIS									

TIME	PULSE	BLOOD PRESSURE	SaO2	RESP	RESP EFFORT	ACCU	TEMP	LUNG SOUNDS	EYE	VERBAL	MOTOR	SKIN

TIME	INTERVENTION	DOSE/RT/SIZE	TIME	INTERVENTION	DOSE/RT/SIZE	TIME	INTERVENTION	DOSE/RT/SIZE

AGE: \_\_\_\_\_ SEX: MALE    FEMALE    CHIEF COMPLAINT (C):

(H)

(A)

(R)

(T)

**MEDICAL HISTORY-** HTN    DIABETES    SEIZURES    CVA    COPD    HEART DISEASE    CHF    DEPRESSION    ANXIETY    GERD

**MEDICATIONS-**

**ALLERGIES-** PCN    SULFA    CODEINE    NSAIDS    IODINE    IVP    DYE

STUDENT NAME	CREDENTIALS	STUDENT SIGNATURE
	CCT STUDENT	
PRECEPTOR NAME	CREDENTIALS	PRECEPTOR SIGNATURE

**Additional Information**