

# AMBULANCE-TO-HOSPITAL RADIO REPORT

Ambulance Name & Unit # \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /  
 AM  
 PM

Time: \_\_\_\_\_

1. Class \_\_\_\_\_ Patient

2. Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Doctor \_\_\_\_\_

3. Patient's Chief Complaint(s): \_\_\_\_\_

4. Location of Injury \_\_\_\_\_

5. History (What Happened): \_\_\_\_\_

6. Level of Consciousness: \_\_\_\_\_

7. Vital Signs: \_\_\_\_\_ Time: \_\_\_\_\_

a. Pulse \_\_\_\_\_

b. Respirations \_\_\_\_\_

c. B.P. \_\_\_\_\_ / \_\_\_\_\_

d. Pupils \_\_\_\_\_

e. Skin \_\_\_\_\_

8. Treatment In Progress If Pertinent: \_\_\_\_\_

9. E.T.A. (Estimated Time of Arrival) \_\_\_\_\_ Minutes

Signature \_\_\_\_\_



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