



# Easton Emergency Squad

908 Packer St, Easton, PA 18042

610-258-2866

## EMS TRANSFER OF CARE FORM

Date of Service: \_\_\_\_\_

Crew Member #1: \_\_\_\_\_ Primary Pt. Caregiver

Unit: \_\_\_\_\_

Crew Member #2: \_\_\_\_\_ Driver / Sec. Caregiver

Patient Name:		Date of Birth:	Male / Female :	
Address:			City, State, Zip Code	
Phone Number:	Social Security Number:	Primary Care Physician:		

Suspected Injury / Illness:	If CVA or TIA:	If Cardiac or STEMI Pt:		
	Time of Onset	12-Lead EKG Transmitted	Y	N
		12-lead copy given to ER	Y	N

Previous Medical History (PMHX)	Medications:	Allergies:
List Given to ER Staff: Y / N	List Given to ER Staff: Y / N	

VITAL SIGNS						MENTAL STATUS		
Time	Pulse	Resp.	Blood Pressure	Spo2	Accu-Check	Voice	Pain	Unresp.

EMS TREATMENT				
Time	Intervention(s)	Medication(s)	Dosage	IV Therapy

TRANSFER INFORMATION			
Receiving Facility (Name)	Room Number	Receiving Facility Staff (PRINT) RN PA MD	Receiving Facility Signature RN PA MD
EMS Provider Name	Certification Number	Certification EMT EMT-P PHRN	EMS Provider Signature