



Bridger-Teton National Forest

Emergency Medical Services Program

1	Case Number:	Date:		TIME:	
	Patient Name:	DOB:		Dispatch:	
	Mailing Address:			En-Route:	
				On Scene:	
	Telephone	Email:		Beg. Transport:	
	Male []	Female []	Height	Weight	Arrive:
				Clear:	

2	WAIVER OF TREATMENT: I acknowledge that I have been informed that my medical condition requires immediate treatment and/or transport to a physician and that with refusing further emergency medical treatment there is a risk of serious injury, illness or death. Understanding these associated risks, I hereby release the attending medical personnel and their advising physician from all responsibility and any ill effects which may result from this action.			
	Signature:		Physician Contacted:	
	Printed Name:		Time:	
	Date:		Witness:	

3	CERTIFICATION: I certify that this information is accurate to the best of my knowledge.			
	Primary Provider:			Date:
	Primary Provider Signature:			
	Additional care providers:			
Signature of person entering information into EMSCharts:			Date:	

4	BRIDGER-TETON NATIONAL FOREST EMS - SOAP Note
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SUBJECTIVE:	
Chief Complaint:	Onset:
Scene Information:	Loss of Consciousness: [] Yes [] No

NEUROLOGICAL ASSESSMENT:			
Level of Consciousness: [] Alert [] Verbal [] Pain [] Unresponsive		Sensory / Motor: [] Intact [] Weak [] Absent	
Glasgow Coma Score: EYE 4 3 2 1 VERBAL 5 4 3 2 1 MOTOR 6 5 4 3 2 1		Total (E+V+M):	[] Red [] Yellow [] Green

