

# MEDICAL RECORD OF PATIENT

Fill in all sections on a regular basis  
— 1 card per patient

ENSURE THAT THIS CARD GOES TO HOSPITAL WITH THE CASUALTY

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NAME OF CASUALTY \_\_\_\_\_ FIRSTAIDER / MEDIC \_\_\_\_\_  
 SEX MALE FEMALE AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TIME OF ACCIDENT / TIME FOUND \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 HOW ACCIDENT OCCURRED / ILLNESS \_\_\_\_\_

KNOWN MEDICATIONS, ILLNESSES, ALLERGIES, ETC.

DETAILS OF ANY MEDICATIONS TAKEN — DOSE & TIME

IS THE PATIENT WEARING AN "SOS. TALISMAN" OR A "MEDI-ALERT" BRACELET / TAG?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ REFERENCE NUMBER \_\_\_\_\_

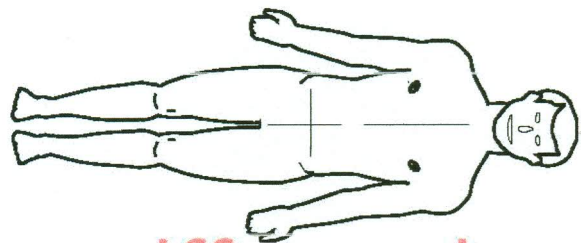
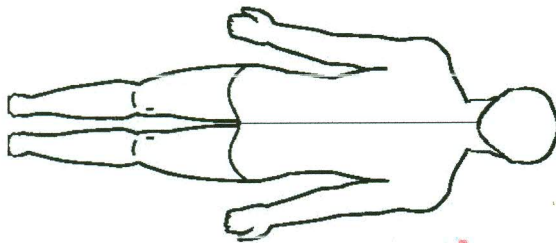
**INDICATE INJURIES FOUND:-**

-  = WOUND / GUNSHOT
-  = FRACTURE / DISLOCATION
-  = BURN / FROSTBITE

**SUSPECTED INTERNAL INJURIES**

— Circle those that apply

HEAD NECK & SPINE CHEST ABDOMEN PELVIC



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**COMA SCALE / RESPONSE TO STIMULI**

A = ALERT (NORMAL)    V = VOCAL    P = TO PAIN    U = UNRESPONSIVE

| TIME | PULSE RATE | RESPIRATION RATE / SIGNS | PUPIL SIZE |       | DETAILS & COMMENTS  | PUPIL SIZES  |
|------|------------|--------------------------|------------|-------|---------------------|--|
|      |            |                          | LEFT       | RIGHT | CONSCIOUSNESS LEVEL |  |
|      |            |                          |            |       |                     | 2 ●<br>3 ●<br>4 ●<br>IN MM.<br>5 ●<br>6 ●<br>7 ●<br>8 ●<br>9 ● |

HAS THE PATIENT EVER — BEEN UNCONSCIOUS, VOMITED, COMPLAINED OF HEADACHE, EXPERIENCED AMNESIA ?      YES      NO

I confirm that I have been advised to attend a Hospital but do not wish to do so.

Signature \_\_\_\_\_



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