

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 _____

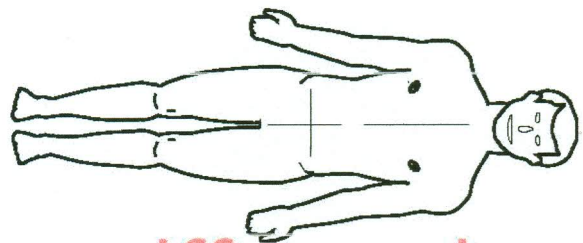
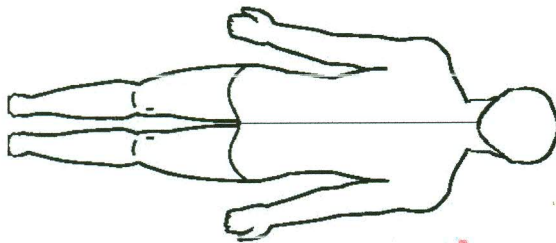
INDICATE INJURIES FOUND:-

-  = 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 CONSCIOUSNESS LEVEL	PUPIL SIZES 3 ● 4 ● 5 ● 6 ● 7 ● 8 ● 9 ●
			LEFT	RIGHT		

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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