

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 _____

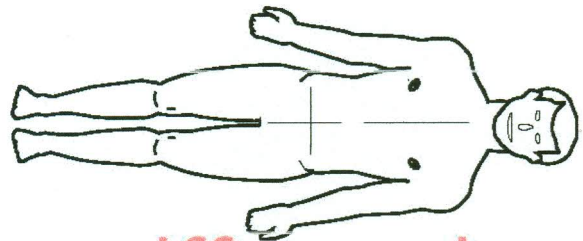
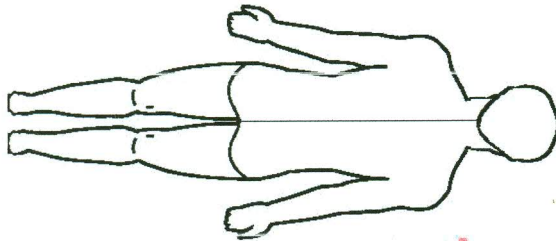
INDICATE INJURIES FOUND:-

-  = 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
			LEFT	RIGHT	

- PUPIL SIZES
- 2 ●
 - 3 ●
 - 4 ●
 - 5 ●
 - 6 ●
 - 7 ●
 - 8 ●
 - 9 ●
- SIZE IN MM.

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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Phone / Fax 01824 - 790195



Additional information to ask

Has the patient ever been:

Asthmatic		
Diabetic		
Had Epilepsy		
Suffered from sudden collapse / Fainting		
Had a Stroke		
Had a Heart Condition		
Recently felt sick		
Recently had a headache		
Recently felt Dizzy		
Had any type of allergy Give details / type here		
Recently been ill in any way Give details here		
Are they on any medication If so, what and how often		

FOLD ALONG DASHED LINE TO OBSCURE TEXT ABOVE

How Much pain are they in? Ask them to put their finger on how they feel

