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Name:		Sex:
Age:	Birthdate:	Weight: ☐ kg ☐ lbs
Emergency Contact:		Phone:

Subjective

Scene:

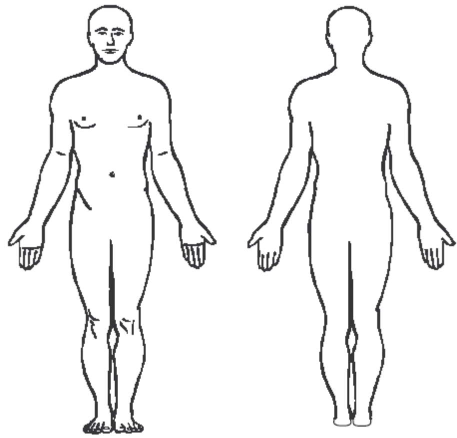
Symptoms:	**A**llergies:	**M**edications:
Pertinent History:	**L**ast In / Out:	**E**vents:

Objective

Physical Exam:

Vitals

Time	Pulse	Resp.	BP	Skin	Temp	AVPU



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ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A′ = Anticipated Problems	P = Treatment Plan

ADDITIONAL NOTES

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