

**NON-TRANSPORT OF PATIENT FORM**

**CALL IDENTIFICATION**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

Call location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Unit# \_\_\_\_\_ Agency Run # \_\_\_\_\_

**PATIENT ASSESSMENT Chief Complaint \_\_\_\_\_**

**VITAL SIGNS** BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

Oriented to: \_\_\_\_\_ Person \_\_\_\_\_ Place \_\_\_\_\_ Time \_\_\_\_\_ Situation \_\_\_\_\_

**GENERAL ASSESSMENT**

\_\_\_\_\_

\_\_\_\_\_

**DISPOSITION**

- \_\_\_ Patient transported by private vehicle.
- \_\_\_ Released in care or custody of self.
- \_\_\_ Released in care or custody of relative or friend. \_\_\_\_\_  
Name \_\_\_\_\_
- \_\_\_ Released in care or custody of other agency. \_\_\_\_\_

Agency Name \_\_\_\_\_ Name of Responsible Individual \_\_\_\_\_

**PATIENT INSTRUCTIONS**

\_\_\_ Patient instructed to call 9-1-1 or follow up with his/her physician if condition persists or worsens.

\_\_\_\_\_  
Patient signature                      Print patient name                      Date                      Time

\_\_\_\_\_  
Surrogate signature                      Print surrogate name                      Date                      Time

\_\_\_\_\_  
Witness signature                      Print witness signature                      Date                      Time

\_\_\_\_\_  
EMS personnel signature                      Print EMS Personnel Name                      Date                      Time