

# PATIENT ASSESSMENT RECORD

<b>PATIENT NAME</b>		<b>PROJECT</b>	
<b>DOB</b>		<b>Client company</b>	
<b>Occupation</b>		<b>Supervisor</b>	
<b>Date/time of injury or illness</b>		<b>Date/time reported</b>	

<b>CHIEF COMPLAINT</b>

<b>SELECT ALL THAT APPLY:</b>	<input type="checkbox"/> <b>Work Related</b>
	<input type="checkbox"/> <b>Injury</b>
	<input type="checkbox"/> <b>Illness</b>
	<input type="checkbox"/> <b>Transported by Ambulance / Helicopter</b>
	<input type="checkbox"/> <b>Modified</b>
	<input type="checkbox"/> <b>Return to work</b>

<b>HISTORY OF THE C/C</b>

<b>PHYSICAL EXAM</b>

BASELINE VITALS	B/P	Pulse	Resps	SpO2	Temp	Cap bG	Skin	GCS	Visual (/20)		
Time:				%					R		L
Time:				%					R		L
Time:				%					R		L
Time:				%					R		L
Time:				%					R		L

<b>TREATMENTS</b>

<b>PROCEDURES/MEDICATIONS</b>

<b>Oxygen</b>	lpm	<input checked="" type="checkbox"/> <b>Cannula</b>	<input type="checkbox"/> <b>Mask</b>	<input type="checkbox"/> <b>BVM</b>	<b>Time:</b>				
<b>IV</b>	<input type="checkbox"/> 14g	<input type="checkbox"/> 16g	<input type="checkbox"/> 18g	<input type="checkbox"/> 20g	<input type="checkbox"/> 22g	<input type="checkbox"/> N/S	<b>Other:</b>	<b>Time:</b>	
<b>Airway</b>	<input type="checkbox"/> OPA	<input type="checkbox"/> NPA	<input type="checkbox"/> ET Intubation	<input type="checkbox"/> Rescue Airway	<input type="checkbox"/> Cricothyrotomy				
<b>Size</b>						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Time:</b>	

<b>MEDICAL HISTORY</b>

<b>MEDICATIONS</b>

<b>ALLERGIES</b>	<b>LAST TETANUS</b>

<b>CASE IMPRESSION</b>

<b>DISPOSITION OF PATIENT</b>	<input type="checkbox"/> Fit	<input type="checkbox"/> Unfit	<input type="checkbox"/> Modified	<input type="checkbox"/> 911 Page
	<input type="checkbox"/> Transported by Ambulance / Helicopter			<input type="checkbox"/> 411 Page
	<input type="checkbox"/> Sent to Medical Aid in company vehicle			<input type="checkbox"/> 411 Email

<b>TREATMENT NOTES / FOLLOW-UP REMARKS</b>

<b>INCIDENT STATUS</b>
<input type="checkbox"/> Follow-up report from a paged call
<input type="checkbox"/> Requires Physician Confirmation
<input type="checkbox"/> Requires No Action (only physician sign off)

<b>PARAMEDIC</b>	
<b>LICENSE NUMBER</b>	

**SUBMITTING**

1. The contents of this form are to be entered into the MOIS System on the Iridia VPN server. Any copies either electronic or paper are to be deleted or destroyed afterwards.
2. If you cannot access MOIS for whatever reason please keep a copy of this form and enter it when MOIS comes available
3. If there is a problem with the MOIS system please contact Derek Moryson at 604-685-4747 for technical assistance.

**PHYSICIAN CONSULTATION**

1. **ONLY SEND THIS DOCUMENT FOR CONSULTATION WITH PASSWORD PROTECTION** (see below)
2. Only send consultation forms to the MMU physician ([mmumd@iridiamedical.com](mailto:mmumd@iridiamedical.com))

**PASSWORD PROTECTION** (Microsoft Word)

1. Click on "FILE"

2. Go to the “INFO” menu and select “PROTECT DOCUMENT”
3. Select “ENCRYPT WITH PASSWORD”
4. A password box will open up where you will enter the password. You may have to enter the password twice for security reasons.
5. The password for all PAR’s emailed to the MMU is n@tmApr13