Form 159/07

PATIENT HANDOVER FORM

Location of Incident: _____

Time: AM / PM **Date:** / /

Age/DOB: _____ **Gender:** Male / Female

Patient's Name: _____

Patient's Address:

Vital Signs	Initial Assessment Time _____ AM / PM	Second Assessment Time _____ AM / PM
Consciousness		
Breathing Rate		
Skin Colour		
Bleeding		
Pulse Rate		

Mechanism of Injury: (What body part sustained injury and how did the incident occur?) _____

Medical History: (Tick and specify)

- ❑ Existing Conditions/Allergies: _____
- ❑ Medications:

Treatment Administered: (Including approx timing, equipment used)

Treating Person Name: _____

Treating Person Phone: _____

Club / Service:

PROVIDE FORM TO PARAMEDIC ON-SITE – ENSURE DATA IS RECORDED ON SLSA INCIDENT REPORT

Form 159/07

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