## **Request For Assistance**

Name of victin	n:	Age:		
Notify:		Phone: ()		
Date of incide	nt:	Time:		
Nature of med	lical prob	olem/symptoms:		
Conscious:				
Breathing: Heartbeat:				
Temperature:				
•				
Cause of med	ical prob	olem:		
		ked with route to follow, location of victim, car key, coins for phones, and this form.		
Ins	truction	ns For Party Going For Help		
Route to take:				
Location of ve	hicle:			
		·		
Call 911 (	or Opera	ntor and ask for Sheriffs Department.		
Rescue party	to:	_ Stay at trailhead		
, ,		Return to site of emergency		

## **Patient Record**

Questions for the first aid provider:

(Detach - Send with group going for help)

- - - - - - - - - - - - - (Detach - Retain with patient)

| Is the site safe?                         | Yes | No |  |
|---|-----|----|--|
| Is the victim safe from further injury?   | Yes | No |  |
| Is the person conscious?                  | Yes | No |  |
| Is the person choking?                    | Yes | No |  |
| Is the person breathing?                  | Yes | No |  |
| Does the person have a heartbeat?         | Yes | No |  |
| Is there sever bleeding?                  | Yes | No |  |
| Where?                                    |     |    |  |
| Are there possible back or neck injuries? | Yes | No |  |
| Are there broken bones?                   | Yes | No |  |
| Where?                                    |     |    |  |
| Is the person in severe shock?            | Yes | No |  |
| Is there intense pain?                    | Yes | No |  |
| Where?                                    |     |    |  |
| Does the person want assistance?          | Yes | No |  |
| Does the person need outside help?        | Yes | No |  |
| Does the person need/want evacuation?     | Yes | No |  |
| Initial condition:                        |     |    |  |
|   |     |    |  |
| Changes in condition:                     |     |    |  |
|   |     |    |  |
|   |     |    |  |
| Patient's name:                           |     |    |  |
| Date and time of incident:                |     |    |  |
| Prepared by:                              |     |    |  |