Bloomfield Township Volunteer Fire Department

Patient Care Record
Incident #: TEST FAX
Response #: TEST FAX
Name: ,
Date: 01/25/2026

Call Information

Date
01/25/2026

Agency
Bloomfield Township Volunteer Fire Department

Nature of Incident
Transfer/Interfacility/Palliative Care

Dispatch Priority
Non-Acute [e.g., Scheduled Transfer or Standby]

EMD Card

Outcome
Non-Emergent Transport - General

Unit Call Sign
Bloomfield Ambulance 1-7

Vehicle #
Bloomfield Ambulance 1-7

CMS Level

ALS Assessment Performed and Warranted

Service Requested
Hospital-to-Hospital Transfer

Scene

Mode To
Non-Emergent

Mode From
Non-Emergent

Type Of Location

Other Agencies

Other Agencies

Facility Name

Address

United States of America (the)

Patient

Name
,

SSN

Sex

DOB

Age
--- Days

Address

United States of America (the)

Vehicle Collision

Vehicle Impact

Pt Location

Airbags

Risk Factors

Trauma

Possible Injury
No

Height of Fall (Feet)

Cause of Injury

Trauma Type

Trauma Criteria

Use of Safety Equipment

Delays

Type of Dispatch Delay

Response Delay

Scene Delay

Transport Delay

Turn-Around Delay

Destination

Destination

Address

United States of America (the)

Odometer

Start

At Scene

At Dest

End

Loaded

Patient History

Advanced Directives

Medical History

Medical Allergies

Other Allergies

Weight

Parent/Guardian

Name

Relationship

Phone Numbers

Address

Stroke

Date/Time Of Last Known Well
,

Symptom Date/Time
,

Cardiac Arrest

Cardiac Arrest
No

Etiology

Resuscitation

Witnessed By

Care Prior to EMS

Prior Care By

AED Prior Arrival

Used AED Prior

CPR Type

First Arrest Rhythm

Circulation Return

Cardiac Date/Time
,

Discontinued Date/Time
,

Discontinued Reason

Rhythm on Arrival

Cardiac Event

CPR Date/Time

Therapeutic Hypothermia

Neuro Outcome

Who First Initiated CPR

Who First Applied AED

Who First Defibrillated

Hospital Pre-Arrival Alerts

Patient Complaints

Assessment

Complaint Location

Impression

Secondary Impression
Primary Symptom
Secondary Symptoms
Patient Acuity Lower Acuity (Green)

Patient Medications

Crew

Patient Phone Numbers

Billing

Response Urgency
CMS Level
Cond. Code
Payment Method
Patient Resides in Service Area
Ambulance Transport Reason Code
Stretcher Purpose Description
ALS Assessment Performed and Warranted
Transport Authorization Code

Insurances

TIMELINE

NARRATIVE

Signatures