



Emergency Medical Service Patient Facesheet

This form must be completed for all patients prior to fire department arrival.

**Have a staff member meet paramedics at the door and escort them to the patient.
Staff must always stay with the patient while EMS is on site.**

Complete the following prior to EMS arriving:

Facility Name: _____

Facility Phone Number: _____

Patient Information:

Name (first & last): _____ Date of Birth: _____

Power of Attorney/Guardian Name: _____ Phone: _____

Chief Complaint (reason for calling):

Brief Medical History:

All copies of the following documentation must be provided upon arrival:

- Copy of DNR/POLST forms
- List of current medications or a provide print out

1. _____
2. _____
3. _____
4. _____
5. _____

Download an electronic copy of this form:
southsnofire.org/adultcarefacilities