



London NHS Ambulance Service NHS Trust

Patient Report Form (LA4)

NHS CONFIDENTIAL

CAD / ECU number Date Call sign Fleet number M.I. Patient No.

<b>Patient's details</b> Last name First name Date of birth Age Male Female Race NHS No. Home address Postcode Telephone Next of Kin Relationship GP Name Address Mental Health Team / CPN / AM/P Contact details Name of HV / Primary Carer Name of School / Nursery Patient accompanied by	<b>Presenting complaint</b> Incident time / onset of symptoms Date Airway Breathing Circulation Other	<b>Observations</b> Time AVPU Resp rate Resp depth % O2 sats Peak flow CO2 Pulse rate BP Colour BM Temp Pain 0-10 Pupils size Pupils reactive GCS ECG rhythm	<b>Allergies</b> <b>Known infectious</b> <b>Past medical history</b> <b>Medication</b> <b>FAST</b> <b>Facial weakness</b> <b>Arm weakness</b> <b>Speech</b> <b>Circulation</b> <b>Fluid and drug administration</b>	<b>12 Lead ECG</b> Normal ECG Inferior MI Anterior MI Lateral MI Posterior MI LBBB ST depression T wave changes only Other abnormality Inconclusive ECG

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