



London NHS Ambulance Service NHS Trust

Patient Report Form (LA4)

NHS CONFIDENTIAL

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

Patient's details Last name First name Date of birth Age Male Female Race NHS No. Home address Postcode Tel no. 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	Presenting complaint Incident time / onset of symptoms Date Airway Breathing Circulation Other	Observations 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	Allergies Known infectious Past medical history Medication FAST Facial weakness Arm weakness Speech Circulation Fluid and drug administration	12 Lead ECG 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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