

Wilderness First Aid Basics

First Aid Report Form

American Red Cross

Start Here	First Aid Given		Rescue Request					
INITIAL ASSESSMENT			Time of Incident: _____ Date: _____					
Level of Consciousness:			AM PM					
Respiration:			Nature of Incident: <input type="checkbox"/> Fall <input type="checkbox"/> Illness <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Burn <input type="checkbox"/> Allergy <input type="checkbox"/> Bite or Sting <input type="checkbox"/> Other					
Pulse:			Brief Description of Incident					
SAMPLE HISTORY								
Signs and Symptoms:								
Allergies:								
Medications:								
Pertinent Past History:	Injuries:	First Aid Given:						
Last Fluid or Food:								
Events Leading to Accident:								
PHYSICAL EXAM (DOTS)								
Head:						Pain (Location):	Skin Temp/Color:	
Neck:	Consciousness:	Initial:						
Chest:	Initial:	Time:						
Abdomen:	Initial:	Resp:						
Pelvis:	Initial:	Pulse:						
Extremities:	Initial:	Victim's Name: _____ Age: _____						
Back:	Initial:	Address _____						
Skin:	Initial:	Notify (Name) _____						
Victim's Name: _____ Age: _____	Initial:	Relationship: _____ Phone: _____						
Completed by:	Date:	Time Started:						

Detach Here – Keep this section with victim

