



# Bucks County Emergency Health Services

Clinical Encounter Sheet

Date:

Location:

### Patient

Age:	Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Chief Complaint:
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Associated Complaints:

Past Medical History:  Cancer  Cardiac  CHF  CVA  Diabetes  Hypertension  Respiratory  Seizures  Other

Allergies: <input type="radio"/> NKDA	Medications: <input type="radio"/> None Reported

### Vitals Signs

Time	Pulse	Blood Pressure	Respirations	SpO2	Pain Scale (1-10)	Mental Status (AVPU)			
						<input type="radio"/> Alert	<input type="radio"/> Voice	<input type="radio"/> Pain	<input type="radio"/> Unresponsive

### Treatment & Notes


Student (Print)	Signature