


Cross Timbers Emergency Response Team

Member	Others	Medic Crew	Notes
Date	Incident Location		Inc #
Disp	Resp	Scene	EMS Scene EMS Transp Clear
Name	DOB		Age Sex
Address	City		State Zip
Phone	SS #	DL # / State	
Next Of Kin	Phone		
Physician	City		Phone
Past History			
Meds			
Allergies			

Chief Complaint							
Time	B/P	P	R	Skin	SpO2		
Time	B/P	P	R	Skin	SpO2		
Time	B/P	P	R	Skin	SpO2		
Time	B/P	P	R	Skin	SpO2		
Time	Med		Dose	Route	Response	By	
Time	Med		Dose	Route	Response	By	
Time	Med		Dose	Route	Response	By	
Time	Med		Dose	Route	Response	By	
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