MEDICAL INTAKE & TRIAGE

Alpha _____

If patient unable to give name, describe build, hgt/wgt, clothing and any other identifying info

DATE				MEDICAL INTAKE & TRIAGE							
TIME	ID #	NAME	M or F	DOB /AGE	RESP	PULSE	MENTAL STATUS	S.T.A.R.T. STATUS R Y G B	ALLERGIES AND/OR MEDS	ACTION	