



SUFFOLK COUNTY EMS
PATIENT TRANSFER SUMMARY SHEET

NOTE THAT this is a summary sheet, to be left at the hospital with the patient at time of bedside transfer, ONLY WHEN pending transmission of the official ePCR document, per the approval process documented on Approval Form 5136, or in the event of a technology failure. This is not a complete pre-hospital medical record.

Ambulance Service
Patient Name
Patient Address
911 Call Time
Name of Primary EMS Provider

Chief Complaint
Onset Activity
Associated complaints
Initial Vital Signs TIME
Mental Status
BP
Blood Glucose

Repeat Vital Signs TIME
Mental Status
BP
Blood Glucose

Allergies
History
Medications
Field Interventions

Condition Deteriorating
Care Transferred to: Receiving Health Care Provider