Sep 09 05 08:51a HR 630-832-5003 p.4

☐ EKG ATTACHED Sending or ER Physician's full name _____
☐ NO PCS
☒ NO FACE SHEET Notified Nancy In NORCOMM

SUPERIOR AMBULANCE SERVICE

Please attach copies of insurance cards, Public Aid cards, Medicare cards or any other informational sheets.

NAME (LAST) DeMar DATE 2/3/03 UNIT # 321 Station # 4
NAME (FIRST) Robert RUN # 345612 D.O.B. 5/19/61 Type of Ambulance: ☒ ALS ☐ BLS ☐ SCT

CURRENT MEDICAL REASON FOR TRANSPORT/STATUS POST
R/O Behavioral Out Pt. eval

CONDITION REQUIRING STRETCHER
☐ ALS CARE
☒ OTHER Non Fusion
☐ HEALING FRACTURES, WHERE
☐ SEDATED WITH
☐ UPPER CONTRACTURES ☐ LOWER CONTRACTURES
☐ PARALYSIS ☐ RIGHT ☐ LEFT ☐ PARAPLEGIA ☐ QUADRIPLEGIA
DUE TO:

HOSPITAL TO HOSPITAL TRANSPORT
☐ Angiogram ☐ Angioplasty
☐ CABG ☐ Cardiac Catheterization
☐ Higher Level of Care
☐ Insurance Requirement ☐ Mental Health Services
☐ No Beds Available ☐ Patient/Family Choice
☐ Rehabilitation. Specify type:
☐ Specialist. Specify:
☐ Surgery; Specify:
☐ Other

PATIENT CONDITION AT TIME OF SERVICE

MOBILITY
☐ AMBULATE ☒ ASSIST ☒ CANE
☐ GERI-CHAIR ☐ HISTORY OF FALLS
☐ WALKER ☐ WHEELCHAIR
☐ ASSIST # TO AMBULATE
☐ ASSIST # TO TRANSFER
BED CONFINED ☐ YES ☒ NO
REASON
FEEDING
☒ SELF ☐ ASSIST ☐ NPO ☐ NG / G/J TUBE

BEHAVIOR
☐ COMBATIVE ☐ COOPERATIVE
☐ DEPRESSED ☒ DISRUPTIVE
☐ RESTRAINTS (type) ☐ UNRESPONSIVE/ LETHARGIC
☐ WANDERS
☒ UNPREDICTABLE

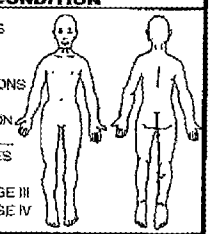
ELIMINATION / VOID
☒ CONTINENT ☐ NEPHROSTOMY
☐ INCONTINENT ☐ FOLEY
☐ COLOSTOMY ☐ BEDPAN / URINAL

MENTAL STATUS
☒ ALERT X
☐ APHASIC ☐ CONFUSED
☐ FORGETFUL ☐ LANGUAGE BARRIER
☐ LETHARGIC ☐ UNRESPONSIVE

HYGIENE
☒ SELF
☐ ASSISTANCE
☐ TOTAL CARE

PATIENT WEIGHT
91 kg

SKIN CONDITION
☐ BRUISING ☐ BURNS
☐ CAST / SPLINT
☐ DIALYSIS SHUNT
☐ FRAGILE ☐ INCISIONS
☒ INTACT
☐ LACERATIONS/AVULSION
☐ OTHER
☐ PIC LINE ☐ RASHES
☐ ULCER (DECUBITIS)
☐ STAGE I ☐ STAGE III
☐ STAGE II ☐ STAGE IV



GUARANTOR'S LAST NAME DeMar FIRST Robert MIDDLE RELATIONSHIP self PHONE Unk
GUARANTOR'S ADDRESS Unk CITY Rockford STATE ZIP
INSURANCE NAME ADDRESS Humana CITY STATE Rmd 6-30-03 ZIP PHONE Unk
INSURANCE POLICY NUMBER 032240940 INSURANCE GROUP NUMBER MI7350014219
PUBLIC AID CASE NUMBER PUBLIC AID RECIPIENT NUMBER
PATIENT'S SOCIAL SECURITY NUMBER Unk MEDICARE ID NUMBER 032-24-0940A

OFFICE USE ONLY
GRADER NAME
PAPERWORK BONUS Yes ☐ No ☐
Primary Physician Name: Unk
Primary Physician Phone:

All Past Medical History
☐ Alzheimer's
☐ Anemia
☐ Aneurysm type:
☐ Arthritis
☐ Cancer of the
☐ Cardiac Condition List:
☐ Lower Extremity Amputation of Date of
☐ Upper Extremity Amputation of Date of
☐ COPD
☐ CVA with deficits ☐ Yes ☐ No Date of
☐ Dementia ☐ Diabetic ☐ GI Bleed
☐ Depression
☐ Hospice Name:
☐ Hypertension ☐ Hypotension
☐ Mental Status Changes
☐ None
☐ Mental Health Condition
☐ Parkinson's
☐ Renal Failure
☐ Respiratory Condition - List:
☐ Seizure ☐ Substance Abuse ☐ Syncope ☐ UTI
☐ Other

Services Provided
Please CHECK services, Indicate amount used
☐ AED
☐ Airport Charge
☒ ALS Assessment (emergency calls only)
☐ Bandaging Applied
☐ Body Bag
☐ Cancelled Call / Refused
☐ Cardiac Monitoring
☐ 12 Lead EKG
☐ Cold Pak Administration
☐ Doppler Monitor
☐ Drug Administration
☐ Equipment Transport
☐ Generator/Inverter
☐ Glucose/Chem Test
☐ Hot Pak Administration
☐ I.A.B.P. Perfusionist SAS
☐ I.A.B.P. Perfusionist Hosp.
☐ I.A.B.P. SAS
☐ I.A.B.P. Hospital
☐ Invasive Pressure Monitor
☐ Irrigation
☐ Isolation Precaution
☐ Isolette SAS
☐ Isolette Hospital
☐ IV Field Start
☐ IV PTA
☐ IV Pump SAS - # of
☐ IV Pump Hospital
☐ KED / Short board
☐ 2nd Unit Assist - ☐ SAS ☐ IMC Unit #s
☐ Medical Air
☐ Obstetrical Delivery
☐ Oral / Nasal Airway Adm.
☐ Oxygen
☐ Pulse Oximetry
☐ Respiratory Therapist SAS
☐ Respiratory Therapist Hosp.
☐ Response Charge
☐ Restraints Applied
☐ R.N. SAS
☐ R.N. Hospital
☐ SCT Independent Medic
☐ Spinal Immobilization
☐ Splinting Administration
☐ Stair Chair
☐ Special Event Start time End time
☐ Treatment only - no transport
☐ Suction
☐ Team Transport
☐ Telemetry/Mercy/Phone
☐ Traction Splint
☐ Transport Ventilator SAS
☐ Transport Ventilator Hosp.
☐ Pt. Ventilator
☐ UCAN
☐ Waiting Time - Mins - # of (after first 30 min.)
* SAS (Superior Ambulance Service)
☐ None

Partial Payment At Time Of Service
☐ PAGED OUT SIG. # 2 / DID NOT COLLECT
☐ CASH ☐ CHECK: # ☐ VISA
☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS
$ Amount Collected / Charged
Card Holder/Signature - Credit Card Payment
Credit Card Number
Expiration Date Auth #

☐ NH ☐ HOSP ☐ PT. RES. ☐ Dr. OFFICE ☐ MRI ☐ DIALYSIS
☒ Other
Pickup Location: SAS Base
Room # ☐ ER

☐ NH ☒ HOSP ☐ PT. RES. ☐ Dr. OFFICE ☐ MRI ☐ DIALYSIS
☐ Other
Destination: Mercy Hosp
Room # ☐ ER 815.967.5000

Driver: Russell # 1327
Attendant: Smith # 1454

Response Code To Patient:

	Emergency-1	Emergency-2	Pre-Scheduled	ASAP	Medical
Ending Mileage	0	0	2	•	5
Starting Mileage	0	0	2	•	0
TOTAL MILES				•	

8/03

PENGAD 800-631-6989

EXHIBIT A

Good Samaritan Serial # 585233
EMS System Ambulance Report

Incident # 03-245618 Patient 1 of 1

Department SUPERIOR AMBULANCE SERVICE License 2-213-84 Department # 24 Unit # 84 Date 9/7/03

Service Provided: ALS BLS REF

LOCATION: 35th Sox Park

PATIENT INFORMATION
NAME (Last) Robert (First) Demail Robert
ADDRESS: UNKN
CITY / STATE / ZIP: UNKN

Call Rec'd	Responding	Arrived Scene	Enroute Hosp.	Arrived Hosp.	Depart Hosp.	Back in Service
		1615	1645	1700		

CREW # / NAME
A) 611 [illegible] ☒ Gloves
B) 948 Russell ☒ Gloves
C)
D)
E)

BODY FLUID EXPOSURE ☐ A ☐ B ☐ C ☐ D ☐ E

AGE	D.O.B.	SEX	WEIGHT	PHONE
70	UNKN	(M) F	200	UNKN

CHIEF COMPLAINT: I WAS Robbed By SOX PARK

INITIAL IMPRESSION: R/D PYSCH EVAL.

MEDICAL CONTROL HOSP. [illegible]
RADIO LOG #
HOSP. TRANSPORTED TO: MERCY

MEDICATIONS ☐ Denies: Glipizide, HTN meds

TRAFFIC DELAYED BY ☐ Light ☒ Medium ☐ Heavy ☐ Clear ☐ Wet ☐ Snow ☐ Ice

MEDICAL HISTORY ☐ Denies ☒ HTN ☐ Cardiac ☒ Diabetes ☐ COPD ☐ Seizures ☐ Cancer
Polio Arthritis
Last Mentrual Period __/__/__

ALLERGIES: UNKN ☐ Denies ☐ PCN ☐ Codeine ☐ Sulfa ☐ Iodine

INITIAL: TIME 1620; EYES 4 Spont; VERBAL 4 Confus; MOTOR 6 Obeys; GCS 14; SKIN COLOR ☒ Normal; TEMP. ☒ Normal; MOISTURE ☒ Normal; PUPILS PERL; LUNGS Clear, Diminished; ☒ Blood Sugar 096; FIELD TRAUMA SCORE: X

TIME	NEURO	B/P	PULSE	S	R	RESPS	S	R	TIME	ECG RHYTHM / DEFIB	TIME	DRUG / SOLUTION	DOSE	ROUTE
1626	(A) V P U	186/100	108	S	R	20	N	R						
1630	(A) V P U	146/97	96	S	R	18	N	R						
1642	(A) V P U	137/94	94	S	R	18	N	R						
	A V P U													
	A V P U													

FINAL: TIME 1700; EYES 4 Spont; VERBAL 4 Confus; MOTOR 6 Obeys; GCS 14; SKIN COLOR ☒ Normal; TEMP. ☒ Normal; MOISTURE Normal; PUPILS PERL; LUNGS Clear; FIELD TRAUMA SCORE: X

COMMENTS / FINDINGS: Crew called for ♂ Pt c̄ upset affect and swinging cane. UDA crew found Pt. on golf cart restrained by hands. Pt refused all questions asked — Pt stated "was treated unfair by Sox Park @ previous game (refused admission). Pt T/F to cot c̄ 1 assist. Pt seatbelted. Pt taken to First Aid. Pt stated the year was 1347 and the month was July. Pt was taken to Mercy Hosp. Pt given BLS care as above. Pt c/ham done by First Aid. Pt denies H/A, N/V or C/P. Pt is approx 70 y/o A&Ox1. Pt unded. seat belts, Pt care T/F to RN staff at Hosp. Pt at Park was posing to leave Park @ request of staff. No incidents enroute. All times approx. E002

PROCEDURES	A B C D E
Airway - Manual	☐☐☐☐☐
Airway - OP/NP	☐☐☐☐☐
Airway - OT/NT	☐☐☐☐☐
Airway Unable	☐☐☐☐☐
Assessment	☒☒☐☐☐
Communication	☐☐☐☐☐
Cricothyroidotomy	☐☐☐☐☐
Defib/Cardioversion	☐☐☐☐☐
ECG Interpretation	☐☐☐☐☐
IV/IO Start	☐☐☐☐☐
IV/IO Unable	☐☐☐☐☐
Medications Admin	☐☐☐☐☐
OB Delivery	☐☐☐☐☐
Pacemaker	☐☐☐☐☐
Pleural Decomp	☐☐☐☐☐
Restraints	☐☐☐☐☐
Spine Immob	☐☐☐☐☐
Splint Limb PtoA	☐☐☐☐☐
Other Clean	☐☐☐☐☐
Other	☐☐☐☐☐

☐ Continuation sheet

PROVIDER AGENCY