Suffolk County EMS
BLS 12-lead Reporting Form

Originating agency: _____ Date of call:_____
PCR/Run#:_____ ALS Intercept Agency (if any):_____
Type of monitor used_____

Crew: (provider providing initial care listed first)	EMT #	Acquired 12 lead	Transmitted 12 lead
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Patient Age: _____
DOB: _____/_____/_____
Sex:_____

OFFICE USE ONLY

Presenting Problem:
Cardiac Related (potential)
Respiratory Distress
Other: (explain)_____

Past Medical History:
Cardiac Hypertension Diabetes Respiratory
Other: (list)_____

Arrival on scene: _____:_____Time of initial prehospital 12-lead:____:____ 18 time____:____
Did medical control direct you to transport to a PCI center? Yes No
If yes, time of arrival to PCI center ____:____
MC orders: Nitro Aspirin Other _____
Were there any issues preventing the acquisition or transmission of the 12-lead? Yes No
If yes, explain:_____

Vital Signs
Initial: Resp._____ Pulse_____ BP___ /___ O^2Sat %_____
Arrival at Hospital: Resp._____ Pulse_____ BP___ /___ O^2Sat %_____
ALS Requested? Yes No ALS Responded? Yes No

This form must be completed and returned to the SCEMS with a copy of the PCR within 24 hours of 12 lead acquisition

Suffolk County Department of Health Services
Division of Emergency Medical Services
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