# Victim Information Card

**Patient Number:** [1]

**Mode of arrival:** [EMS / Private Auto]

## Patient Information:

**Patient Name:**

**Age:**

**Gender:**

## EMS Information:

**Chief Complaint:**

**History:**

**Blood Pressure:**

**Heart Rate:**

**Respiratory Rate:**

**Temperature:**

**Weight (lbs.):**

**Weight (kg):**

## Medical Center Information:

**EMS Report as above**

**Additional Information:**

**Medical Record Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fold/tear/cut along this line: Actor instructions**

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**Instructions:**

**Acting tips:**

**Diagnosis:**

**Assessment Findings / Diagnosis:**

**ED Management :**

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**Disposition :**

[Surgical Admission, Discharge, etc.]