



CHISHOLM TRAIL FIRE / RESCUE

“The Few Dedicated to Many”

9835 FM 1854, Dale, Texas 78616

Ph: (512) 213-0323

Fax: (512) 213-4561

PRIDE

COMMITMENT

SERVICE

Date: _____ Receiving Medic # _____ FH Incident # _____

First Responders On-Scene: _____

Nature of Call: _____ Location: _____

Dispatch: _____ On-Scene: _____ Transferred Care: _____ Clear: _____

Patient Name: _____ Age: _____ DOB: ____ / ____ / ____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone#: _____ SS#: _____ PCP: _____

Responsible Party: _____ Relationship: _____

Insurance: _____ Number: _____

Chief Complaint:

Clinical Impression:

PMHx:

Meds:

Allergies:

Interventions:

D-Stick

Time	B/P	Pulse / SPO ₂	Respirations	GCS
: <input type="checkbox"/> AM <input type="checkbox"/> PM	/	/		
: <input type="checkbox"/> AM <input type="checkbox"/> PM	/	/		
: <input type="checkbox"/> AM <input type="checkbox"/> PM	/	/		
: <input type="checkbox"/> AM <input type="checkbox"/> PM	/	/		

Narrative: _____

As the provider for the patient named above, I attest that this document is completed and is accurate to the best of my knowledge and ability.

Provider Signature: _____ Provider Print: _____ Unit #: _____



CHISHOLM TRAIL FIRE / RESCUE

“The Few Dedicated to Many”

9835 FM 1854, Dale, Texas 78616

Ph: (512) 213-0323

Fax: (512) 213-4561

PRIDE

COMMITMENT

SERVICE

Patient Refusal

Patient Refusal of Treatment or Transport: I have refused an offer of ambulance transport from the medics on scene and/or treatment from Chisholm Trail Fire/Rescue medics on this date and time for myself or my minor child. I have been given my options and understand the possible consequences of my decision concerning my health. I “hold harmless” Chisholm Trail Fire/Rescue, Caldwell/Hays ESD #1, County EMS provider, medics, firefighters and officers of CTFR.

Signature: _____ Printed Name: _____

Witness Signature: _____ Witness Printed Name: _____

Date / Time: _____

Against Medical Advice

I have informed _____, that in my opinion, he/she or minor child requires ambulance transportation and medical attention. I have further explained the possible consequences that may occur if he/she refuses medical treatment and ambulance transportation.

Signature: _____ Printed Name: _____

Witness Signature: _____ Witness Printed Name: _____

Date / Time: _____

Privacy Notice

I hereby acknowledge that I have received a copy of the Notices of Privacy Policies.
These policies can also be viewed at www.ctfr.us

Signature: _____ Printed Name: _____

Date / Time: _____