



# Wilderness Medical Consultants

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Name			
Male	Female	Age	Weight
Date		Time	Party Size
Weather			
Location			

SCENE	A	
	M	
	P	
SYMPTOMS	L	
	E	
SIGNS	O	
	P	
	Q	
	R	
	S	
	T	

VITALS							
Time	AVPU/LOC	Pulse	BP	RR	Skin	Temp	Pupils

**ASSESSMENT & PLAN**

1A	1P
2A	2P
3A	3P
4A	4P
5A	5P
6A	6P

**EVACUATION PLAN**


**NOTES****RESCUER AND WITNESS CONTACT INFO**

	1. Name: _____ Phone: _____ Relationship: _____
	2. Name: _____ Phone: _____ Relationship: _____
	3. Name: _____ Phone: _____ Relationship: _____
	4. Name: _____ Phone: _____ Relationship: _____
	5. Name: _____ Phone: _____ Relationship: _____
	6. Name: _____ Phone: _____ Relationship: _____
	7. Name: _____ Phone: _____ Relationship: _____