


Patient Care Report (PCR)

	Shelter Name
	Location in Shelter
	Date/ Time:
	Staying Inside Shelter: Y N

Patient Consent for Care / AMA

I Give Permission For Treatment Of Myself / Spouse / Minor Child: _____
 (Signature of Patient / Guardian) (Date)

I Hereby Refuse Treatment and by My Signature, Acknowledge That I Am Doing So Against Medical Advice. I Also Agree to Hold Harmless _____, and It's Medical Personnel For Any Complications That Result From My Refusal Of Care.

 (Signature Of Patient) (Signature Of Witness) (Date)

Patient Identification / Demographics

Name:	Gender:	M	F	Age:
Address:	Phone #: ()	DOB:		
City:	State:	Zip Code:	Pt. Height:	
Pt. Weight:				

Primary Care Provider Name/phone #
 Pharmacy Name/ Location

Emergency Contact Outside Home / Relation / Phone #

Living Situation: Alone Relative Caregiver **Staying in Shelter:** Y N

Name / Phone# _____

Need Assistance with Activities of Daily Living (ADLs)? Y N

Explain:	Medical Equipment: (Circle all that apply)		
	Oxygen	Wheelchair	Walker
	CPAP/BiPAP	Glucometer	Cane
	Nebulizer	Peritoneal Dialysis	Lift Assist
Wound Care	Tube Feed	Commode	

Pertinent Medical Information

Chief Complaint	Allergies:
Past Medical History	NKDA
Medications (See MAR <input type="checkbox"/>)	

Patient Care

	Time	Pulse	Resp	B / P	SPO2	Temp	Glucose	Pain Scale	Neuro/ CMS
Vital Signs									

Patient Exam

HEENT/Neck	Genitourinary
Resp/Chest	Skin/Extremities
Abd	Other

Treatment

