



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

1425 SOUTH "D" STREET

SAN BERNARDINO, CA 92415-0060

(909) 388-5823 FAX: (909) 388-5825

**ASSESS AND REFER
QI FORM**

RESPONDING PROVIDERS

First Responder Unit #: _____

Date and Time of Incident.: _____

Incident #: _____

PATIENT ASSESSMENT

Age: _____ DOB: _____

Chief Complaint: _____

Presenting Signs and Symptoms: _____

Documented appropriately: Yes No

Medical History: _____

Documented appropriately: Yes No

Initial BP: _____ Initial Pulse: _____

Initial Resp: _____ Initial GCS: _____

Initial Pain Score: _____

Treatment Provided: _____

REFERRAL CHECKLIST

Recommendation/referral offered: Yes No

Documentation of patient understanding: Yes No

Documentation that pamphlet was left Yes No

Follow up check list:

Returned call: Yes No If no explain: _____

Patient followed direction that was given: Yes No If no explain: _____

Positive outcome positive: Yes No If no explain: _____

Complications: Yes No If yes explain: _____

CQI Concerns: _____

- EMS field personnel and EMS coordinators are responsible to double check that these elements are documented correctly.
- All crews must be reeducated immediately if a patient did not meet criteria.
- EMS coordinators must review the call with field crews as soon as possible and specify the re-education plan to ICEMA.
- Notify ICEMA of completed QI form via email.

Submitted by: _____ Date: _____

(ICEMA Use Only)

Date Received	Date Reviewed	Reviewed By