

Sanford Health EMS Education/North Dakota State College of Science

Patient Contact Log

DATE: _____ CLINICAL SITE: _____ PRECEPTOR: _____

NUMBER OF CALLS: _____ NUMBER OF BLS _____ NUMBER OF ALS _____

STUDENT ARRIVED ON TIME: YES NO STUDENT IN PROPER UNIFORM: YES NO

PRECEPTOR SIGNATURE _____

PATIENT CONTACT #1 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #2 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #3 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #4 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #5 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #6 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #7 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO

PATIENT CONTACT #8 PRECEPTOR: _____

AGE: ____ GENDER: ____ CHIEF COMPLAINT: _____

TYPE OF CALL: BLS ALS TEAM LEAD: YES NO