

CASUALTY ASSESSMENT FORM

Operation name:

First aider names:

Time:

Date:

1. CASUALTY DETAILS:

Surname:

First name:

Date of birth:

Age:

Sex: Female

Male

Address:

Home phone:

Business phone:

Cell/other phone:

Email address:

GP:

Phone:

Next of Kin:

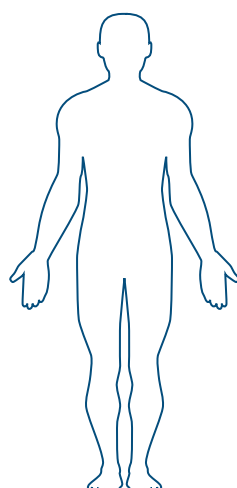
Phone:

2. FIRST CHECKS: SAFETY – RESPONSE – AIRWAY – BREATHING – CIRCULATION

Complaints:

Events leading to problem/onset:

3. ASSESSMENT:



Mark injury site

Past medical history:

Medications:

Allergies:

Last ate/drank at:

Examination found:

7. TREATMENT RECORD: (Eg Events/Treatment Given)

Time taken:

Event/Treatment: (Eg gave 2 Panadol, splintered fracture, toileted, turned on left side, etc)

8. General Comments: