



Vermont Department of Health

Emergency Medical Services

Supplemental Report for Patient Non-Transport

108 Cherry St., PO Box 70, Burlington, VT 05402
802-863-7310 1-800-244-0911 (in VT)



Date: _____ Time: _____ EMS Agency: _____ Incident # _____

Incident Address: _____

Patient Name: _____

Patient DOB: _____ If the patient is <18, is parent/guardian present? Yes No

For qualified providers with local medical direction: If altered mental status - Blood Glucose _____ mg/dl
If chest pain, SOB or altered mental status - Pulse Ox _____ %
Cardiac monitor: Rate: _____ NSR _____ Other:

Situation Involves

- Chest pain
- Dyspnea
- Alt Mental status
- Intoxication
- Head Injury

Alert: Yes No

Oriented to:

- Person Yes No
- Place Yes No
- Time Yes No
- Situation Yes No

Pulse	<input checked="" type="checkbox"/>
40 50 60 70 80 90 100 110 120 130 140 150	
Systolic BP	<input checked="" type="checkbox"/>
50 70 90 110 130 150 170 190 210 230 250 270	
Diastolic BP	<input checked="" type="checkbox"/>
30 40 50 60 70 80 90 100 110 120 130 140	
Respirations	<input checked="" type="checkbox"/>
8 10 12 14 16 18 20 22 24 26 30 32 34	

Obtained? Yes No

Obtained? Yes No

Obtained? Yes No

Obtained? Yes No

Reason for No Transport:

- Patient refuses transport against EMS advice
- Patient does not desire transport to hospital via EMS and EMS provider agrees that the patient's alternative treatment/transportation plan is acceptable.
- EMS provider does not feel transport by EMS is necessary/indicated and patient agrees.
- EMS provider does not feel transport by EMS is necessary/indicated and patient desires transport.

Patient understands clinical situation Yes No

Patient verbalizes logical reasons for desiring no transport Yes No

Risks explained to patient: _____

Patient verbalized understanding of risks Yes No

Responsible adult family member or friend at the scene Yes No

Patient's plan for seeking further medical evaluation: _____

I understand that evaluation and/or treatment by Vermont certified Emergency Medical Services (EMS) personnel is not a substitute for care by my personal physician or hospital emergency department. Although I am not being transported to a hospital by EMS, my condition may still warrant care by a physician. I am responsible for seeking the care I feel is necessary, and I have a plan for doing so. I also release the EMS personnel and organizations involved with my current situation from all claims resulting from my voluntary refusal of treatment and/or transport.

Patient or Parent/Guardian signature Relationship (if applicable) Witness

Medical Direction ID or name:

EMS Provider & Cert Number Consulted by: None _____ Radio _____ Phone _____ On scene _____