Emergency Form

Name: _____

Is the patient having problems with:

	bleeding	☐ Yes	☐ No
	heart	☐ Yes	☐ No
	broken leg	☐ Yes	☐ No
	headache	☐ Yes	☐ No
	having a baby	☐ Yes	☐ No
	sprained arm	☐ Yes	☐ No
	face	☐ Yes	☐ No