

Prehospital Patient Tracking Worksheet (837-B)

Incident Name/Location			Incident Date	Form Completed By			Contact Telephone #		
Triage Status	Triage Tag # (Last 4)	Age	Primary Injury Type	Ready For Trans.	Hospital Destination	Trans. Unit ID	Trans. Time	ETA	CF Advised
	Patient Name (First & Last)	Gender							
I D M		M F							
I D M		M F							
I D M		M F							
I D M		M F							
I D M		M F							
I D M		M F							
I D M		M F							
I D M		M F							

Instructions: Completed worksheets shall be sent to the S-SV EMS Agency as soon as possible - 1) Take a picture of the completed worksheet with a smartphone and email the photograph to RDMHS.Region3@ssvems.com, or 2) Fax completed forms to (916) 625-1720.