NET Form 5b: INDIVIDUAL TREATMENT RECORD

Name:	☐ Male ☐ Female
Address:	Age:
	Hair: Eyes:
Clothing:	Identifying Marks:
Symptoms/Chief Complaints:	
Allergies (food, medicine, latex):	
Medications (what?/last taken):	Have Meds? ☐ No ☐ Yes
	Diabetic? ☐ No ☐ Yes
	Have Insulin? ☐ No ☐ Yes
Relevant Past Medical History:	
Last Intake of Food and Fluids:	
Narrative (what happened?):	

Time	Objective Findings (physical exam and observation)

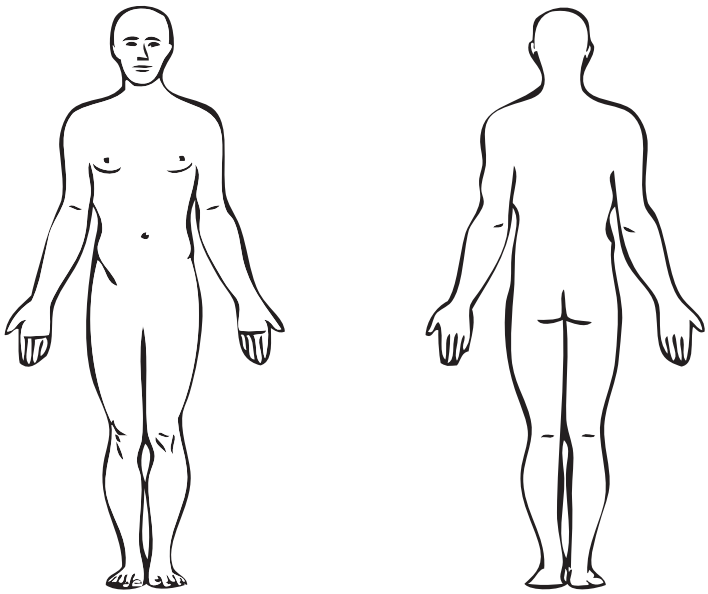
Time	Treatment and Observations

Treatment Tracking:
triage, initial treatment, treatment area, transport hospital, morgue

Location	Date In	Time In	Int.	Date Out	Time Out	Int.	Category (I, D, M, X)

NET Form 5b: INDIVIDUAL TREATMENT RECORD (reverse side)

NOTE: AVPU stands for
Alert
Voice
Pain
Unresponsive



Vital Signs

NORMS	*60-100*	*12-16*	*Warm/dry/pink*	*Alert*
Time	Pulse	Resp.	Skin	AVPU

Additional Notes