

Marin County EMS

Pre-Hospital Field Transfer Form (FTF)

Date: _____ Time: _____ Unit #: _____ A/O # _____

Incident Address: _____ Level of Distress: Mild Moderate Severe

Name (Last, First): _____ Age: _____ DOB: _____ M F

Patient's Address _____ Phone _____

Chief Complaint _____

Signs & Symptoms _____

Medical History _____

Medications _____

Allergies _____

Eyes	Spon-4	Voice-3	Pain-2	None-1		
Verbal	Orient-5	Conf-4	Inapp-3	Incomp-2	None-1	
Motor	Obey-6	Local-5	Wthdrl-4	Flex-3	Exten-2	None-1

GCS: _____ Blood Glucose _____ SpO₂ _____ RA / O₂

✓ = WNL

PHYSICAL EXAM

Head _____

Pupils _____

Neck _____

Chest _____

Breath Sounds _____

Abdomen _____

Pelvis _____

Extremities _____

PMD _____

Protocol Followed _____

Prehospital Impression: _____

Time	Position	B/P	Pulse	Resp.	ECG

Time	Treatment	Response

Notes:

SSN / Insurance ID # _____

Destination: MGH KTL NCH Other: _____

Originator _____

Signature _____

Paramedic # _____

Partner _____

Signature _____

Paramedic # _____