

SAMPLE History for a Person Who is Ill or Injured

Name of ill/injured person: _____ Age: _____

Today's date: _____ Time: _____

Name of person completing this report: _____

Signs and Symptoms

(Ask: "What's going on?" "How do you feel?" "Where does it hurt?")

Allergies

(Ask: "Are you allergic to anything?" or "Do you have any allergies?")

Medications

(Ask: "Do you take any medications?" "What do you take?" "Did you take it today?")

Past Pertinent Illnesses

(Ask: "Has this ever happened before?" "When?" "What did you do for it at that time?")

Last Food or Drink

(Ask: "When was the last time you ate or had something to drink?" "What did you eat/drink?")

Events

(Ask: "What were you doing right before you felt ill/were injured?")

Vital Signs (if taken)

Blood pressure: _____

Time taken: _____

Pulse: _____

Respirations: _____/minute _____/minute

Give this sheet to emergency medical services when they arrive.