



**Seminole County EMS System
Paramedic Clinical Assessment Program
ALS Contact Form**



Paramedic:	
Mentor:	
Date:	
Incident Report #:	
Chief Complaint:	
This Section to be Completed by the Provisional Paramedic	Scene Assessment (Describe the incident):
	Patient Assessment:
	Treatment of Life Threatening Conditions:
	Reassessment and Management of ABC's:
	Parameters used in this incident (List the parameter numbers):
	EMS Equipment (Familiarity and knowledge of the equipment used):
	ALS Procedures and skills:
	Cardiac Rhythm Recognition:
	Knowledge and use of pharmacologic therapy:
	BLS Skills:
	Patient Transfer and radio report:
To be Completed by the Mentor	Mentor Observations and Remarks: