

# Minor Treatment Log



Event Date:		Event:				Location:						
Last Name, First Name	Age (yrs)   Gender (M/F/T)	Patient Category* & Participant ID (Race/Bld Number)	Triage Acuity Scale** (W/G)	Presenting Complaint, Patient History, Allergies, Findings	Treatments and/or Services Provided	Patient Disposition*** (see below)	Discharge Acuity Scale** (W/G)	Printed Name of Provider, Level of Training (LOT) of Care Provider****	Location Care was Provided (Med Tent/Clinic, Field, Ambulance, etc)	MGM ID (office use only)	RA ID (office use only)	
Time 24hr	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				
	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				
	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				
	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				
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	FN	G	Pt. ID	Hx & Findings				LOT				
	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				
	LN	A	Category	Presenting Complaint				Name				
	FN	G	Pt. ID	Hx & Findings				LOT				

\* Patient Category  
A=Athlete, E=Event Staff, P=Performer, S=Spectator, U=Unknown

\*\* Triage/Discharge Acuity Scale Level  
W = White/Dispensary - Product requests, customer service, preventative  
G = Green/Minor - Assessment required, wound care, prescription request, mild pain

\*\*\* Patient Disposition  
Return to event, Left event via private transport, taxi, event staff, ambulance, air evacuation, AMA

\*\*\*\* Level of Training of Care Provider  
PCP, SFA, OFA #, EMR, LPN, RN, NP, MD, Chiro, Physio, etc.