

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERINGS AND SPECIAL EVENTS
PATIENT CARE LOG**

(EMT, PARAMEDIC, HOSPITAL)
REFERENCE NO. 842.4

Name of Event/Incident: _____				Event/Incident Date: _____			
Time	Patient Name/Patient Identifier	Age	M/F	Chief Complaint	Treatment	Disposition	Diagnosis

Must be submitted within 72 hours after the event.