

Intern Release Program-Call Evaluation

Intern: _____ FTO: _____

Date and Nature of Call: _____

Patient/Call Contact Number: _____

Item	FTO's Remarks. S=Satisfactory; U=Unsatisfactory; N/A=Not Applicable. Please give remark for each Item.
Directions to scene/Use of Maps	
Scene size-up/Safety concerns	
Priority decision	
Patient assessment	
Patient treatment	
Communication with ER Staff (Radio and Bedside)	
Image Trend	
Leadership throughout call	

Copy this form is to be retained by agency.