

# TIERED RESPONSE Q.I. FORM

To:	AEU ECC	I.R. #	
Fax:	<b>530-647-5283</b>	Unit #	
Phone:	530-647-5220	Date:	

**Call Type: (circle one)**

**#3 Animal Bites/Attacks**

**#5 Back Pain**

**#13 Diabetic Problems**

**#17 Fall**

**#20 Heat/Cold Exposure**

**#21 Hemorrhage/Lacerations**

**#26 Sick Person**

**#30 Traumatic Injuries**

**#31 Unconscious/Fainting (Near)**

**Appropriateness: (circle one)      Yes      No**

**Patient Transport: (circle one)      Code 3      Code 2      Non-Trans**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**FAX TO CAMINO ECC**

***530-647-5283 (you may need to dial 9 first)***