

LEGAL BLOOD ALCOHOL INTAKE FORM

Date _____ Time _____

Name _____ DOB _____

Officer _____ Dept _____ [] Verified credentials

BLOCK 1 -- Obtain the following information from the officer:

- | | | | |
|---|----|-----|--------------|
| 1. Was there an accident involved | No | Yes | |
| IF YES...details: _____ | | | |
| | | | CONSIDER MSE |
| 2. Was the individual thrown from a vehicle | No | Yes | } |
| 3. Did the individual lose consciousness at scene | No | Yes | } IF ANY |
| 4. Was the individual trapped in the vehicle | No | Yes | } YES |
| 5. Did the individual complain of injury | No | Yes | } MSE IS |
| 6. Was there a death in the individual s vehicle | No | Yes | } REQUIRED |
| 7. Did the individual state they are ill | No | Yes | } |
| 8. Did the individual strike the steering wheel | No | Yes | } |
| 9. Did the individual strike the windshield | No | Yes | } |
| 10. Did the individual come in by ambulance | No | Yes | } |

BLOCK 2 -- Is the individual oriented to time, place and circumstances?

[] Yes [] No - You must provide MSE required

BLOCK 3 -- Obtain the following information from the individual:

- | | | | |
|--|----|-----|------------|
| 1. Are you injured | No | Yes | } |
| 2. Are you ill at this time | No | Yes | } IF ANY |
| 3. Do you have any medical conditions | No | Yes | } YES |
| 4. Did you lose consciousness at any time today | No | Yes | } MSE IS |
| 5. Do you suffer any pain at this time | No | Yes | } REQUIRED |
| 6. Do you believe you need a medical exam or care at this time | No | Yes | } |

BLOCK 4 - Nursing observation

- | | | | |
|---|----|-----|------------|
| 1. Is there any observed bleeding | No | Yes | } |
| 2. Is there any observed injury | No | Yes | } IF ANY |
| 3. Is there any observed conduct or condition that may suggest a potential injury or illness | No | Yes | } YES |
| 4. Is the individual currently taking medications for serious chronic conditions, such as heart, blood pressure, blood thinners, diabetes, etc. | No | Yes | } MSE IS |
| | | | } REQUIRED |
| | | | } |
| | | | } |

NURSING SIGNATURE _____