

# Monthly Prehospital Care Report (PCR) Submission Form

For month of \_\_\_\_\_, 20\_\_\_\_

## IMPORTANT NOTE!

Effective March 31, 2021 this form and "yellow copies" of paper PCRs are sent only to the following address:

**Peter Brodie, Deputy Chief, Data**  
Bureau of Emergency Medical Services and Trauma Systems  
875 Central Avenue  
Albany, New York 12206

Agency Name: \_\_\_\_\_

Agency code \_\_\_\_\_

Agency Type (circle):    BLS First Response    ALS First Response    Ambulance Service

Name of individual filing report: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Number of **COMPLETED** PCRs submitted: \_\_\_\_\_

Number of **VOID** PCRs submitted:                    (+) \_\_\_\_\_

Total number of PCRs Submitted:                    (=) \_\_\_\_\_

I attest that the PCRs submitted by the agency above have been counted and screened for the items below and that all PCRs are complete. Check items below to indicate completion of screening for all PCRs:

- Date of Incident
- Agency Code
- Location Code
- Presenting Problem
- Patient name
- Deposition code
- Patient Date of Birth

Please make the appropriate adjustments to PCRs prior to submission.

**Refusal Forms & Continuation Forms are retained by the agency.**

Completed PCRs are submitted monthly, no later than the 10<sup>th</sup> of the month following the call.

\_\_\_\_\_  
*(Signature of individual filing report)*

\_\_\_\_\_  
*(Date)*