



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**  
*Serving San Bernardino, Inyo and Mono Counties*  
**1425 SOUTH "D" STREET**  
**SAN BERNARDINO, CA 92415-0060**  
**909-388-5823 FAX: 909-388-5825**

**CONFIDENTIAL CASE REVIEW  
EVALUATION FORM**

**Attach Case Review form and DO NOT PLACE IN PATIENT RECORDS**

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Reviewer's Name: \_\_\_\_\_ RR#: \_\_\_\_\_ Log#: \_\_\_\_\_

Provider(s) Involved: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_ Phone # \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone # \_\_\_\_\_

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Brief Summary of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Review included:

- |    |                                       |                              |                             |   |
|----|---------------------------------------|------------------------------|-----------------------------|---|
| 1. | EMS runsheet                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unavailable or N/A |
| 2. | MICN record                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unavailable or N/A |
| 3. | Pt.Care records                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unavailable or N/A |
| 4. | Statements from<br>Personnel involved | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unavailable or N/A |
| 5. | Reviewed BH tape                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unavailable or N/A |
| 6. | Other: _____                          |                              |                             |   |

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**INDICATE APPROPRIATE ACTION SUGGESTED**

- No further action necessary Date sent to ICEMA: \_\_\_\_\_
- Recommend** further evaluation by BH Medical Director for the following:
- |  |  |
|--|--|
| <input type="checkbox"/> EMS educational tool            | <input type="checkbox"/> Disciplinary action             |
| <input type="checkbox"/> Individual(s) educational needs | <input type="checkbox"/> Monitoring or tracking purposes |
| <input type="checkbox"/> Exceptional performance         | <input type="checkbox"/> Other                           |

Explain determination of action suggested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case review conference needed  Yes  No

Date planned: \_\_\_\_\_

Persons notified of Conference:

Date and method of notification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If persons not notified in writing, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need for additional follow up:

\_\_\_\_\_  
\_\_\_\_\_

If re-evaluation required, goal date:

\_\_\_\_\_

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**\*\*\*ICEMA USE\*\*\***

ICEMA Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date Case Closed: \_\_\_\_\_