

Patient Information Required in the Rules	NEMESIS Element Code	NEMESIS Element Name	Label on Michigan EMS Runform	Section	Panel
Last name, first name, & middle initial	ePatient.02	Last Name	Last Name	Patient Info	Patient Info
	ePatient.03	First Name	First Name	Patient Info	Patient Info
	ePatient.04	Middle Initial/Name	Middle Initial/Name	Patient Info	Patient Info
Sex	ePatient.13	Gender	Gender	Patient Info	Patient Info
Race, if available	ePatient.14	Race	Race	Patient Info	Patient Info
Ethnic group, if available (Captured in Race)					
Birth date or age	ePatient.15	Age	Age	Patient Info	Patient Info
	ePatient.16	Age Units	Age Units	Patient Info	Patient Info
	ePatient.17	Date of Birth	Date of Birth	Patient Info	Patient Info
Residential Address	ePatient.05	Patient's Home Address	Patient's Home Address	Patient Info	Patient Address
	ePatient.05	Patient's Home Address	Patient's Home Address 2	Patient Info	Patient Address
	ePatient.06	Patient's Home City	Patient's Home City	Patient Info	Patient Address
	ePatient.07	Patient's Home County	Patient's Home County	Patient Info	Patient Address
	ePatient.08	Patient's Home State	Patient's Home State	Patient Info	Patient Address
	ePatient.09	Patient's Home Zip Code	Patient's Home Postal Code	Patient Info	Patient Address
Telephone Number	ePatient.19	Patient's Phone Number	Patient's Phone Numbers	Patient Info	Patient Address
If the individual is a minor, the name of a parent or guardian	ePayment.23	Closest Relative/ Guardian Last Name	Last Name	Patient Info	Closest Relative
	ePayment.24	Closest Relative/ Guardian First Name	First Name	Patient Info	Closest Relative
If the individual is an adult, the name and address of his or her employer, if work related injury and available	ePayment.33	Patient's Employer	Patient's Employer	Patient Info	Patient Employment
	ePayment.34	Patient's Employer's Address	Patient's Employer's Address	Patient Info	Patient Employment
	ePayment.34	Patient's Employer's Address	Patient's Employer's Address 2	Patient Info	Patient Employment
	ePayment.35	Patient's Employer's City	Patient's Employer's City	Patient Info	Patient Employment
	ePayment.36	Patient's Employer's State	Patient's Employer's State	Patient Info	Patient Employment
	ePayment.37	Patient's Employer's Zip Code	Patient's Employer's Zip Code	Patient Info	Patient Employment
The date of diagnosis	eTimes.03	Unit Notified by Dispatch Date/Time	Unit Notified by Dispatch Date/Time	Incident Info	Response Times
The diagnosis, including ICD diagnostic code, if available	eSituation.11	Provider's Primary Impression	Provider's Primary Impression	Complaint Info	Impressions
Brief narrative of the poisoning event, including date, location, and type of medicine or drug involved, and any other information considered by the health professional/health facility to be related to health of the public					

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Brief narrative of the poisoning event, including date, location, and type of chemical poison involved, and any other information considered by the health professional/health facility to be related to health of the public	eNarrative.01	Patient Care Report Narrative	Patient Care Report Narrative	Narrative	Narrative
Brief narrative of the injury event and any other information considered by the health professional or health facility to be relevant to public health response to the event					
Brief narrative of the patient's signs and symptoms, clinical findings, results of diagnostic tests, and clinical outcome	eSituation.09	Primary Symptom	Primary Symptom	Complaint Info	Symptoms
	eSituation.10	Other Associated Symptoms	Other Associated Symptoms	Complaint Info	Symptoms
	eVitals Section	eVitals Group	Vitals	Activities	Activities
	eExam Section	eExam Group	Assessment	Activities	Activities
	eMedications Section	eMedications Group	Medications	Activities	Activities
	eProcedures Section	eProcedures Group	Procedures	Activities	Activities
Work-relatedness of the injury	eSituation.14	Work-Related Illness/Injury	Work-Related Illness/Injury	Complaint Info	Patient Complaint
Nature (type) of injury or injuries, and corresponding nature of injury codes, if available	eExam Section	eExam Group	Assessment	Activities	Activities
	eSituation.11	Provider's Primary Impression	Provider's Primary Impression	Complaint Info	Impressions
	eSituation.12	Provider's Secondary Impressions	Provider's Secondary Impressions	Complaint Info	Impressions
	eInjury.02	Mechanism of Injury	Mechanism of Injury	Complaint Info	Injury Information
	eDisposition.12	Incident/Patient Disposition	Incident/Patient Disposition	Incident Info	Incident Info
	eDisposition.19	Final Patient Acuity	Condition of Patient at Destination	Transport/ Destination Info	Destination Info
Cause and intentionality of injury, and corresponding external cause of injury codes, if available	eInjury.01	Cause of Injury	Cause of Injury	Complaint Info	Injury Information
Name, address, and telephone number of the reporting health professional or health facility	eResponse.01	EMS Agency Number	Background - On File	N/A	N/A
	eResponse.02	EMS Agency Name	Background - On File	N/A	N/A