Use Pencil for ease in making changes—Keep Information up to date

Recent Surgeries/Hospitalizations/Illnesses and Dates:

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Medication	Dosage	Frequency

Version: 4/11/2016

911 Emergency Medical Information

Name________________________________

Address______________________________

Phone________________________________

Post on your refrigerator or where our first responders … EMT's & fire fighters can see it easily on entry to your home.

Provided by TPUOA in collaboration with Thousand Palms Fire Station 35

EMERGENCY MEDICAL INFORMATION

Date Completed/Updated: ______________________

Name: ______________________

Address: ______________________

Sex: ☐ Male ☐ Female Date of Birth: ______________________

Primary Care Doctor: ______________________

Phone #: ______________________

Preferred Hospital: ______________________

Preferred Pharmacy: ______________________

Phone #: ______________________

Medical Insurance Co.: ______________________

Policy #: ______________________

Other Medical Insurance: ______________________

Policy #: ______________________

Medicare / Medicaid: ______________________

Policy #: ______________________

Living Will: ☐ Yes ☐ No ______________________

Health Care Power of Attorney: ☐ Yes ☐ No ______________________

EMERGENCY CONTACTS

Name: ______________________ Phone ______________________

Address: ______________________

Name: ______________________ Phone ______________________

Address: ______________________

Use Pencil for ease in making changes

Do you have an EMS Advance Directive or a DNR/POLST form?

YES ☐ **NO** ☐ **Where is it located?** ______________________

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MEDICAL CONDITIONS

Check all that exist

- ☐ No known medical conditions
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia ☐ Alzheimer's
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Attack
- ☐ Heart Valve Prosthesis
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis - Type [ ]
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke / TIA
- ☐ Tuberculosis
- ☐ Vision Impaired
- ☐ Other: ______________________

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ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Ray Dyes
- ☐ No Known Allergies
- ☐ Environmental: ______________________
- ☐ Other: ______________________