

Greetings from the Onesquethaw Emergency Medical Service

Our EMS team needs a little help from you so we can assist you better. The information that you provide will make our job easier if called to your home in an emergency.

Please feel free to make as many copies of this form as necessary to cover every member of the family. When completed, please make a spare copy for the ambulance personnel when they arrive. It would also be helpful to have the copy readily available such as on the refrigerator near the OVFC calendar.

Please take time now and complete this form. This will save everyone a lot of time if we are called to help. When the form is completed fold on the dotted line and write the name of the person the information is for and post it as described above. Thank you for your time.

-----FOLD HERE-----



OVFC EMS

Name: _____

Medical Information

Form Date: _____

Name: _____ Date of Birth: ___ / ___ / ___

Address: _____ **Male or Female**

City: _____ Doctor #1: _____

State: _____ ZIP: _____ Doctor #2: _____

Social Security # _____ Insurance ID #: _____

Are you allergic to any medications: **Yes** or **No** If yes, what are they: _____

Are you taking any Over the Counter Drugs (i.e. aspirin, vitamins): **Yes** or **No** If yes, what are they? _____

Please list any prescription drugs you are taking:

Name	Strength (MG)	Frequency	Taken For
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any past medical history of any of the following:

	YES	NO		YES	NO
Diabetes			Congestive Heart Failure		
Emphysema			High Blood Pressure		
Asthma			Heart Problems		
COPD			Stroke		
Seizures			Eye Problems		
Other: _____					

Were you hospitalized in the past year? **Yes** or **No** If yes, where and why: _____

Have you had any surgeries in the past 5 years? **Yes** or **No** If yes, where and why: _____

Any implants (Pacemaker, Glass Eye)? **Yes** or **No** If yes, please describe: _____

Contact Person: _____ Phone #: _____ Relationship: _____