Emergency Medical Services

Emergency Medical Information

Personal Information

Last Name		First Name	MI
Date of Birth	Sex	Weight	Phone #
Address			
City	State	Zip	
1st insurance Co.	2nd Insurance Co.		
ID & Group #	ID & Group #		

Past Medical History

Allergies	Cardiac	Surgery
☐ None ☐ Unknown	☐ None ☐ Unknown ☐ Angina ☐ CHF ☐ Congenital Defect ☐ Defibrillator/Pacemaker ☐ Heart Attack / MI ☐ Irregular Heartbeat ☐ Other	☐ None ☐ Unknown ☐ Abdominal ☐ Heart ☐ Lung ☐ Neurological ☐ Other
Medical Allergies:		

Chronic Illnesses

☐ None ☐ Asthma ☐ Bleeding Disorder ☐ Cancer ☐ COPD / Emphysema ☐ Diabetic ☐ Dialysis / Renal	☐ Drug / Alcohol Abuse ☐ Gastrointestinal ☐ Headaches ☐ Hepatitis / HIV ☐ High Blood Pressure ☐ Psychological	☐ Seizures ☐ Stroke / TIA ☐ Unknown ☐ Other

Current Medications

☐ None ☐ Unknown

Emergency Contact Information

Primary Physician	Phone Number
Contact Name & Relationship	Phone Numbers

PLACE ON YOUR REFRIGERATOR

Update information regularly!