



# Medical Information Form

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Keep a copy of your Advanced Directives (POLST, DNR, etc.) with this form in your FILE of LIFE pocket.

## MEDICATIONS

**Update this form as changes are made. Every time you get your prescriptions or anytime there is a change in your medication, get a printout from your pharmacy.**

Questions?  
Contact South County Fire  
Communityoutreach@southsnofire.org  
425-320-5800

## MEDICAL CONDITIONS

*(check all that exist)*

- No medical conditions
- Angina
- Heart Conditions
- HIV/AIDS
- Hepatitis
- Fractures
- COPD/Emphysema
- High Blood Pressure
- Cancer (type) \_\_\_\_\_
- Kidney Problems
- I have a POLST/DNR
- Other \_\_\_\_\_
- Pacemaker/Defib \_\_\_\_\_
- Stroke
- Asthma
- Diabetes—Type I or II
- Seizures
- Bleeding/Clotting Disorder

## Allergies *(check all that exist)*

- No known allergies
- Latex
- Demerol
- Codeine
- Other \_\_\_\_\_
- Morphine
- Insect Stings
- Penicillin Aspirin Sulfate

**Place this form, your list of medications from your pharmacist and any Advanced Directive paperwork with your FILE of LIFE pocket on your refrigerator.**