

# South Lewis County EMS



# CALL 911

Toledo - Winlock - Vader  
**KEEP INFORMATION UP TO DATE**

Name: \_\_\_\_\_ Sex: M F

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

Date of Birth: / /

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## MEDICAL DATA

Last Updated: Mo. Yr. Blood Type: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Use pencil for ease in making changes.

**Special Conditions/Remarks:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication	Dosage	Frequency

SEE BACK OF CARD FOR ADDITIONAL INFORMATION

® FILE OF LIFE

Use pencil for ease in making changes

Medication	Dosage	Frequency

Recent Surgery:

Date:

Religion:

Living Will on file at:

Health Care Proxy on file at:

Do you have an EMS-NO CPR Directive or a DNR form ?  
YES  NO  Where is it located ?

### MEDICAL CONDITIONS

Check all that exist

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

### ALLERGIES

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aspirin              | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin         |
| <input type="checkbox"/> Barbiturate          | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa              |
| <input type="checkbox"/> Codeine              | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline       |
| <input type="checkbox"/> Demerol              | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Rays Dyes        |
| <input type="checkbox"/> Horse Serum          | <input type="checkbox"/> Novocaine     | <input type="checkbox"/> No Known Allergies |
| <input type="checkbox"/> Environmental: _____ |  |   |
| <input type="checkbox"/> Other: _____         |  |   |

### MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #:

Medicare #: