MEDICATIONS

Name	Dosage	Frequency

DOCTOR'S INFORMATION

Doctor's Name: _____

Specialty: _____

Phone Number: _____

Doctor's Name: _____

Specialty: _____

Phone Number: _____

QUESTIONS

If you need assistance filling out this form, please call (914) 494-1402.

Please hang this form on the inside doorknob of your house or apartment's entry or exit door.

Please make sure to use pencil and print clearly. Keep this information up to date. Please make copies, in case the original gets lost.

IF I GET SICK OR INJURED

Full Name: _____

Address: _____ Apt:_____

City: _____ State: ___ Zipcode: _____

Preferred Hospital: _____

EMS
PRE-HOSPITAL
CARE SOLUTIONS
WHEN SECONDS COUNT, COUNT ON US

Information for EMS, Physicians, and other Healthcare Professionals

DO NOT REMOVE FROM ROOM

PATIENT INFORMATION

Please use a pencil, print clearly, and update regularly!
Place in a clear Ziploc bag.

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ X

Height: _____ Weight:_____

Organ Donor: ☐ Yes ☐ No

Phone Number: _____

MEDICAL INFORMATION

Cardiac Patient? ☐ Yes ☐ No

Diabetic? Type: _____ ☐ Yes ☐ No

Pacemaker? ☐ Yes ☐ No

Allergies To Medications? ☐ Yes ☐ No

If yes, please list: _____

_____

Medical Conditions: _____

_____

_____

_____

DOCUMENTS

EMS "No CPR" Directive ☐ Yes ☐ No

*Do Not Resuscitate Order ☐ Yes ☐ No

*Healthcare Proxy ☐ Yes ☐ No

*Living Will ☐ Yes ☐ No

*MOLST ☐ Yes ☐ No

INSURANCE INFORMATION

Company Name: _____

Member ID: _____

Group #: _____

Medicare #: _____

Supplemental Insurance |"Medigap"

Company Name: _____

Member ID: _____

Group #: _____

***PLEASE PUT THESE DOCUMENTS IN A CLEAR ZIPLOC BAG**

EMERGENCY CONTACTS

Please list two people to contact in case of an emergency.

Full Name: _____

Phone Number: _____

Address: _____ Apt:_____

City: _____ State: ___ Zipcode_____

Relationship: _____

Full Name: _____

Phone Number: _____

Address: _____ Apt:_____

City: _____ State: ___ Zipcode_____

Relationship: _____

Please contact the two individuals you have listed above, to notify them that they are your emergency contacts.