MEDICATION AND MEDICAL INFORMATION FOR EMERGENCIES

KEEP THIS LIST HANDY FOR EMERGENCY PERSONNEL IF YOU HAVE A MEDICAL EMERGENCY.

THIS CAN SAVE MUCH TIME, AND HELP ENSURE MORE ACCURATE AND SAFE TREATMENT.

ON THE BACK OF THIS FORM PLEASE LIST THE MEDICATIONS YOU ARE CURRENTLY TAKING.

PLEASE BE SURE THAT *ALL* INFORMATION IS *ACCURATE, AND UP TO DATE*

Please use one half of this form. When your information changes, use the new half and discard the old half.
Please keep this form with your prescription bottles.
New forms may be obtained at your Town Office or some local medical facilities.

Name_____
Address_____
_____
Phone #_____
Birth Date_____ **Age**_____
PRIMARY Dr._____

COMPLIMENTS OF
WINTER HARBOR
AND GOULDSBORO
FIRE DEPARTMENTS
8-05

PLEASE KEEP INFORMATION CURRENT

DATE_____
ALLERGIES_____

MEDICATIONS

Please list- Medication, Dose, Times per Day
Example- Atenolol 50 mg X2

MEDICAL HISTORY OF

CARDIAC ( ) DIABETES ( ) COPD ( )
MAJOR SURGERIES ( )

DO YOU HAVE AN "ADVANCED DIRECTIVE" YES ( ) NO ( )
DNR ( ) COMFORT CARE ( )
OTHER ( )_____