Provided by Your Southern AZ EMS and Fire Agencies

Emergency Medical Information

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Name _____
Date of Birth _____
Sex ___ Ethnicity ___ Blood Type___
Eye Color _____ Hair Color _____
Emergency Contact Name:_____
_____
Relationship: _____
Emergency Phone Number (s):
_____
Medical Power of Attorney Name (if different): _____
_____
Phone Number (s): _____

Insurance or Health Plan: _____
_____
Case Mgr./Member Representative:
_____
Phone: _____
Dr. Name: _____
Dr. Number: _____
Preferred Hospital: _____
Pre-Hosp Med Care Dir. (Orange Form) current: □ Y □ N
Other Info: _____
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3/15/2009-SAEMS

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3/15/2009-SAEMS

Medical History

Medical Conditions

- ☐ Heart Disease
  - ☐ Angina
  - ☐ Heart Attack
- ☐ Breathing Problems
  - ☐ Asthma
  - ☐ Empysema/COPD
  - ☐ Congestive Heart Failure
- ☐ Diabetes
  - ☐ Insulin
- ☐ Stroke
- ☐ High Blodd Pressure
- ☐ Cancer
- ☐ Seizures
- ☐ Infectious Disease
  - ☐ MRSA ☐ TB
  - ☐ C-diff ☐ HIV
  - ☐ ____________________

Allergies

- ☐ ____________________
- ☐ ____________________
- ☐ ____________________
- ☐ ____________________
- ☐ ____________________
- ☐ ____________________

Other

- ☐ Glasses/Contacts
- ☐ Hearing Aids
- ☐ Pacemaker
- ☐ Ventricular Assist Device
- ☐ Neuro-implant
- ☐ Infusion Pump
- ☐ Prothetic limb (s) ________
- ☐ ____________________
- ☐ ____________________
- ☐ ____________________

Medications

- ☐ ________________ (17 lines)

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