GUILFORD
EMERGENCY SERVICES
COUNTY

Please complete both sides of this form

Personal Information

Last Name	**First Name** MI
Date of Birth **Sex**	**Weight** **Telephone #**
Address **City** **State** **Zip**	
Emergency Contact Name & Phone #:	**DNR or MOST Form**: Yes or No
Emergency Contact Name & Phone #:	**Receive Home Health Services**? **O** No **O** CHP/Paramedic – Name: **O** Hospice **O** Pace of the Triad **O** Other:

Past Medical History

Allergies	**Cardiac**	**Surgery**
O None **O** IV Dye **O** Adhesive Tape **O** Sulfa **O** Penicillin **O** Steroids **O** NSAIDS **O** Epinephrine **O** Benadryl **O** Zofran **O** Eggs **O** Bee/Pollen **O** Other:	**O** None **O** Heart Failure **O** Congenital Defect **O** Defibrillator/Pacemaker **O** Heart Attack/MI **O** Cardiac Stent **O** Irregular Heartbeat **O** Cardiac Arrest **O** SVT / Fast Heartbeat **O** Bradycardia (slow heart rate) **O** Other:	**O** None **O** Abdominal **O** Heart **O** Lung **O** Back **O** Brain **O** Reproductive **O** Other:

Chronic Illnesses

O None **O** Bleeding Disorder/Sickle Cell **O** Blood Clots (DVT or PE) **O** Cancer - Type: **O** COPD/Emphysema **O** Asthma **O** Diabetic **O** Dialysis/Renal Failure **M W F** or **T Th Sat** **O** Cirrhosis of Liver	**O** Drug/Alcohol Abuse **O** Gastrointestinal **O** Headaches **O** Hepatitis/ HIV **O** High Blood Pressure **O** Behavioral (Schizophrenia, Bi-polar, etc) **O** Brain Injury	**O** Seizures **O** Stroke/TIA – Deficits? **O** Yes **O** No **O** Autoimmune Disorder **O** Dementia (See below) **O** Autism / Cognitive Delay / Neurodivergent (See below) Other

If you answered yes for Dementia or Autism/Cognitive Delay, please answer the following:

On a normal day, is the patient able to speak clearly?
O Yes / **O** No

On a normal day, the patient able to answer:
O Person (Who they are?) **O** Place (Where they are?) **O** Time (Current month/Year?) **O** Event (What is happening currently?)

Special Needs Accommodations: (assistive devices, sound sensitivity, etc):

Emergency Contact Information

Hospital Preference:	
Primary Physician:	Specialist:

Current Medications

PLACE ON YOUR REFRIGERATOR Update information regularly!