Emergency Medical Information

Personal Information

Last Name		First Name		MI
Date of Birth	Sex	Weight	Phone #	
Address				
City		State	Zip	
1st Insurance Co.		2nd Insurance Co.		
ID & Group #		ID & Group #		

Past Medical History

Allergies	**Cardiac**	**Surgery**
O None O Unknown Medical Allergies: _____ _____ _____ _____ _____ _____	O None O Unknown O Angina O CHF O Congenital Defect O Defibrillator/Pacemaker O Heart Attack/MI O Irregular Heartbeat Other_____	O None O Unknown O Abdominal O Heart O Lung O Neurological Other_____ _____ _____

Chronic Illnesses

O None O Asthma O Bleeding Disorder O Cancer O COPD/Emphysema O Diabetic O Dialysis/Renal	O Drug/Alcohol Abuse O Gastrointestinal O Headaches O Hepatitis/ HIV O High Blood Pressure O Psychological	O Seizures O Stroke/TIA O Unknown Other_____ _____ _____

Current Medications

O None O Unknown

_____

_____

_____

Emergency Contact Information

Primary Physician	Phone Number
Contact Name & Relationship	Phone Numbers

PLACE ON YOUR REFRIGERATOR Update information regularly!

GUILFORD COUNTY EMS

Additional Information