

MEDICAL INFORMATION SHEET

Everyone at any age should complete this form and store it on the outside of the refrigerator and over the visor in each of your vehicles. Making it available to paramedics entering your home will considerably reduce the time they spend acquiring medical information about the patient prior to treatment. This sheet could be a life saving document if the patient is unconscious OR if no one is familiar with the patient's medical history or medications.

UPDATED ON _____ HOSPITAL PREFERENCE: _____

NAME _____ BIRTH DATE _____

NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____ Zip _____

DOCTOR FOR _____ NAME _____ PH _____

DOCTOR FOR _____ NAME _____ PH _____

MEDICAL HISTORY: _____

MEDS FOR _____ DOSAGE

MEDS FOR _____ DOSAGE

ALLERGIES: _____

ADDITIONAL INFO: _____

CONTACT _____ RELATIONSHIP _____ Ph _____

CONTACT _____ RELATIONSHIP _____ Ph _____

CONTACT _____ RELATIONSHIP _____ Ph _____

**KEEP ON THE OUTSIDE OF THE REFRIGERATOR AND OVER THE VISOR IN YOUR VEHICLE.
FOLD IN HALF WITH JUST THE WORDS "MEDICAL INFORMATION SHEET" SHOWING
GIVE TO THE EMS (LIFE SQUAD) IN THE EVENT OF A MEDICAL EMERGENCY.**

Miami Township Fire & EMS, 5888 McPicken Dr. Milford, OH, 45150

Ph 513-248-3700 Fax 513-248-3719