

My Personal Health Data for Emergency Assistance 1/21

First Name: _____ Last Name: _____

Age: _____ Race/Ethnicity: _____

-Mentioned medications or past
Doses

Street/County of origin: _____ My cell number: _____ IM

My Emergency Contact Name: _____ Relationship: _____

Address: _____

Home's phone number: _____

- My Medical Insurance: Private or BCBS - (How Type) _____ + Secondary (N Health Alliance - Y/N)

**Reporting medical background will enable EMT to provide best assistance.
Don't omit critical medical conditions. If yes, explain & list medications.**

Allergies (anything)? _____ Has Epinephrine (N/A for your allergy)? _____

_____ Allergic to any medications? _____ Are you allergic to an-
esthetics? (yes or No) _____ Doctor's name and phone number: _____

_____ Bloodwork of blood? _____ (Yes or No) Do you have diabetes? _____

_____ (Hypertension & cholesterol) _____ Last Blood Test

_____ (Baja Protein) _____ Heart Conditions (Pre-diabetic/Coronary)

_____ Lung Conditions (Asthma or Emphysema) _____ Back (herniated) _____ or Hip

_____ (kidney problems) _____ Mobility issues _____ Control

_____ (Arthritis) _____ (Current treatment) _____ (Current treatment) _____

_____ (Acid reflux) _____ (Frequency of attacks) (if acute or chronic) _____

Location of my prescription medications: _____

My daily prescription medication schedule (do not forget any): _____
