

Medford Volunteer Ambulance

Medical History Form/Patient Demographics

Date completed: _____ Updated: _____

Patient Name: _____ DOB: _____ Age: _____
Weight: _____ Gender: _____ Height: _____ Blood type: _____ Religion: _____
Home address: _____
Cell: _____ Home: _____ Email: _____
Emergency Contact (Name/Number/Relation): _____
Health Care Proxy (Name/Number/Relation): _____
DNR: <u>Yes / No</u> (If yes, please attach) **Note: Advanced Directives must be signed by appropriate parties to be valid. If Directives are not attached or in plan sight, they will not be honored by law.
Implanted Medical: Pacemaker / Defibrillator / LVAD / PORT (Arm L / R or Chest L / R)

Medical History: **Select all that apply... <u>Hypertension / Hypotension / Diabetes / Cardiac related / Asthma / Alzheimer's / Cancer / Seizures / Stroke / Other:</u> _____. Cardiac Type: _____ . Cancer type: _____.
Current Medication: Attach a copy of list as well... _____ _____ _____.
Allergies: _____.
Past Surgeries: _____ _____.

Please leave this on the refrigerator door and display the decal in the main entry of the house. Please keep this form updated with changes and make additional blank copies as needed. We advise making a copy of this completed form to have as backup as the EMT may take the form from the refrigerator for documenting.

Additional forms can be found on www.medfordambulance.org *Under "Information tab"