



Emergency Medical Information Form

City of Peoria

Fire Department
8401 West Monroe Street, Peoria, Arizona 85345
Phone: 623-773-7913 fax: 623-773-7620

The information contained in this form will assist the Paramedics in the immediate treatment of the listed person. It should remain attached to the inside of medicine cabinet, and be updated regularly.

Date Completed:

First Name	Last Name	Age	Birthdate
Mailing Address		Social Security Number	Weight

Current / Past Medical Problems (Check ALL That Apply):

High Blood Pressure
 Seizures
 Diabetes
 COPD
 Other Respiratory
 Stroke (CVA) When? _____
 Heart Attack(s), When? _____
 None

Other Medical History: _____

Normal Mental Status (Check ALL That Apply):
 Alert
 Confused
 Combative
 Knows Own Name
 Knows the Day
 Knows Location
 Knows Own Birthday

List ALL Contagious Diseases:
 HIV
 Hepatitis
 TB
 None
Other: _____

“Do Not Resuscitate” Order / Pre-Hospital Advanced Medical Care Directive:

Yes
 No
 Copy Attached

List ALL Medications Currently Being Taken:

Allergies to Medications:

Primary Care Doctor: _____ **Phone:** _____

Hospital Preference:

Emergency Contact Information:

Name: _____ **Relationship:** _____ **Phone:** _____