FOR EMERGENCY USE

This is not intended to replace a POLST form (Do Not Resuscitate).
This is information for EMT Paramedics if you have an emergency in your home.
It can go with you to the hospital. Use the back if you need more space.

NAME			
ADDRESS			
DATE OF BIRTH			
DNR/POLST ON FILE Y/N?		**POLST LOCATION**	
MEDICATIONS	**PRESCRIPTION NAMES & DOSAGES**		

CURRENT MAJOR MEDICAL CONDITIONS e.g., Heart, Post-surgery, MS, Dementia

ALLERGIES e.g., Penicillin, sulfa, latex, bees, nuts			

PREFERRED HOSPITAL			
EMERGENCY	**NAME**	**PHONE**	**RELATIONSHIP**
CONTACTS 1			
2			
3			

Medical Information Form
for Emergency First Responders

In the event of calling 9-1-1 for emergency medical assistance, the information on this form can help provide emergency medical responders with vital information to assist them in their evaluation, both on arrival to your home and enroute to the hospital.

When this form accompanies the patient to the hospital, it can help serve as a valuable resource for equipping emergency center personnel with crucial details.

To help lessen the stress associated with a medical emergency, complete the information on the reverse side of this form for each household member and place it in a highly visible location, such as the refrigerator door or near the front entrance. Remember to create extra copies in preparation for any unforeseen circumstances and to include them in a go-bag.

Additional forms are available at the OVA administrative office.