Post on Refrigerator

Emergency Medical Treatment Information Sheet

Patient Information

Patient Name (First, M.I. Last)	Age	Date of Birth

Address	City	Zip Code

Phone Number **Insurance # Select One or Multiple**

	Other	Medi-Care	Medical	Blue Cross	Kaiser	Health Net
	○			○	○	○
	Primary #			Secondary#		

Medical History (Check All That Apply)

Cardiac	Stroke	Diabetes	Seizures	High B/P	Cancer	Psych	Dementia	Asthma

COPD	Dialysis	Other

Other:

Medications	Allergies To Medications:
	Example: Morphine

Hospital Preference For Transport: (Select 1st, 2nd, 3rd Choices)

Kaiser S.	Kaiser N	Meth	Mercy G	UC Davis	Sutter G	Sutter M	Mercy SJ	Kaiser R

Family Member To Be Notified	Home Phone	Cell Phone

Patient Dr's Name/ Hospital (Example: John Doe Mercy Hospital)	