



PERSONAL MEDICAL INFORMATION

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### INSTRUCTIONS

- Fill out as much information as possible in pencil so it can be updated periodically.
- Place the completed form in the pouch and place on the fridge/freezer door.
- Replacement or extra forms are available from our web site [www.laceyfire.com](http://www.laceyfire.com) or pick up in person at fire station 31: 1231 Franz St SE, Lacey, WA 98503 Call - 360 491 2410

I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely on this information and I agree to not hold emergency medical personnel responsible for inaccurate and out of date information.

**DATE- Completed/updated** **SIGNATURE**

### PATIENT INFORMATION

Name:			Date of Birth:	
Address:			Gender:	M      F
City:	State:	Zip:	English speaking	Y      N

### EMERGENCY CONTACTS

Name:	Phone 1:
Relationship:	Phone 2:
Name:	Phone 1:
Relationship:	Phone 2:
Name:	Phone 1:
Relationship:	Phone 2:

**MEDICAL INFORMATION**

Doctor:

Doctors Phone:

Hospital preference:

Do you have any advanced directives or Do Not Resuscitate orders:      Y      N

Where are they kept?:

**HEALTH INFORMATION**

Vision difficulties:

Hearing difficulties:

Allergies to medications: Y N      List:

Other Allergies:

Do you have a pacemaker/defibrillator: Y N

**CURRENT MEDICAL PROBLEMS (please list even if under control with medication):**

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**PAST MEDICAL HISTORY & SURGERIES**

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**MEDICATIONS INCLUDING DOSAGES & TIMES**

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