

COSTA MESA FIRE DEPT.

Emergency Information

Medical - Adult

KEEP INFORMATION UP TO DATE

Use pencil for ease in making changes.

Name _____ Sex: M F

Address _____

Soc Sec # _____ Date of Birth / /

EMERGENCY CONTACTS

Name _____ Home Phone # _____

Address _____

Relation _____ Work Phone # _____

OUT OF STATE CONTACT:

Name _____ Home Phone # _____

Address _____

Relation _____ Work Phone # _____

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type:

Doctor _____ Phone # _____

Doctor _____ Phone # _____

Special Conditions/Remarks: _____

Medical Problems Medication Dosage Frequency

Recent Surgery: _____ Date: _____

Religion: _____

Living Will on file at _____

Health Care Proxy on file at _____

Do you have an EMS-NO CPR Directive or DNR form?

YES NO Where is it located? _____

MEDICAL CONDITIONS

Check all that exist

() No known medical conditions () Hemolytic Anemia

() Abnormal EKG () Hypertension

() Adrenal Insufficiency () Hypoglycemia

() Angina () Laryngectomy

() Asthma () Leukemia

() Bleeding Disorder () Lymphomas

() Cardiac Dysrhythmia () Cataracts

() Malignant Hypothermia () Memory Impaired

() Myasthenia Gravis () Clotting Disorder

() Coronary Bypass Graft () Pacemaker

() Dementia () Alzheimer's () Renal Failure

() Diabetes/Insulin Dependent () Seizure Disorder

() Sickle Cell Anemia () Eye Surgery

() Glaucoma () Stroke

() Hearing Impaired () Vision Impaired

() Heart Valve Prosthesis () Hemodialysis

Other _____

ALLERGIES

() No Known Allergies

() Aspirin () Horse Serum () Penicillin

() Barbiturites () Insect Stings () Sulfa

() Codeine () Latex () Tetracycline

() Demerol () X-Rays Dyes () Lidocaine

() Morphine () Environmental () Novocaine

Other _____

Pharmacy _____

Veterinarian _____

Insurance Policies

KEEP INFORMATION UP TO DATE

Use pencil for ease in making changes.

MEDICAL/HEALTH

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____

Medicaid # _____ Medicare # _____

LIFE

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____

HOMEOWNERS/RENTERS

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____

AUTO

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____

EARTHQUAKE

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____

FLOOD

Company _____

Phone # _____

Policy # _____

Address _____

Contact _____