MEDICAL EMERGENCY INFORMATION

Please place this card on the outside of your refrigerator

Name:____
Your Date of Birth:________________________________
What date you completed this form: ________________________

Physician's Name & Phone Number:

1.__________________________________

2.__________________________________

3. __________________________________

Emergency Contact Names and Phone Numbers:

1.__________________________________

2.__________________________________

3.__________________________________

Location Advance Directives (if applicable)
DNR & POLST require additional forms. Check which form(s) you have.

- ☐ **DNR - Do Not Resuscitate**
- ☐ **POLST - Physician Orders for Life Sustaining Treatment**

Please staple a copy of these forms to this sheet, or list here where these forms can be found in your home:

Please list any significant surgeries that you have had:

____
____
____

Medical Conditions:

- ☐ **None**
- ☐ **Asthma/COPD**
- ☐ **Bleeding Disorder**
- ☐ **Diabetes/Insulin Dependant**
- ☐ **Heart Problems**
- ☐ **Hypertension**
- ☐ **Stroke**
- ☐ **Seizures**
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________

Alergies and Drug Reactions:

- ☐ **None Known**
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________
- ☐ ______________

Hospital Preference:

Medication	Dose	Frequency

Please list any other information that we should know about your medical history or conditions:

Forest Grove Fire & Rescue 1919 Ash Street Forest Grove, Oregon 97116 503-992-3240
Cornelius Fire Department 1311 N. Barlow Street Cornelius, Oregon 97113 503-357-3840