Patient Information for use by EMS and Staff at Receiving Medical Facility

This information is to be kept secure with the patient or with other patient records under the protection of the Health Insurance Portability and Accountability Act (HIPAA)

This form is intended to provide medical personnel with needed information. It is up to the individual to determine what information will or will not be provided. *Please make a copy for EMS to take.*

—Please place on your refrigerator—

Patient Demographics

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____ Soc. Sec. No.: _____

Emergency Contact Name: _____

Telephone: _____ Relationship: _____ Power of Attorney? ☐Yes☐No

Drivers License #: _____ State of Issue: _____

Insurance Information

Medicare or Medicaid: _____

Private Insurance Company: _____ Policy #: _____

Secondary Insurance Co: _____ Policy #: _____

Primary Care Physician Information

Physician Name: _____ Physician Group: _____

Physician Telephone: _____ Notes: _____

Medical History and Medications

Please list any Medication Allergies:_____

Please list Medical History	Please list Medications
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Continue on back if needed

Attach to
refrigerator
by placing magnet here.

Information for

EMS

Fold here for privacy and place on refrigerator with "Information for EMS" in plain view

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Medical History continued

Medications continued

Medical History and Medications Continued