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 can be found at www.laceyfire.com, or pick up in person at** *Station 31,1231 Franz St SE, Lacey, WA 98503*. **Questions? 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may rely on this information and I agree to not hold emergency medical personnel responsible for inaccurate and out of date information.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):

PAST MEDICAL HISTORY & SURGERIES

MEDICATIONS INCLUDING DOSAGES & TIMES
