Spokane FIRE DEPARTMENT

MEDICAL EMERGENCY INFORMATION

Please place this card on the outside of your refrigerator

DATE COMPLETED

NAME:

DATE OF BIRTH:

PHYSICIAN(S) NAME AND PHONE NUMBER

1.
2.
3.

CONTACT(S) NAME AND PHONE NUMBER

1.
2.
3.

SIGNIFICANT SURGERY

LOCATION OF ADVANCE DIRECTIVES (if applicable)

DNR & POLST require additional forms. Check which form(s) you have

☐ **DNR -** ***Do Not Resuscitate***

☐ **POLST -** ***Physicians Orders for Life-Sustaining Treatment***

Please list location of DNR and POLST forms in box below:

MEDICATION	DOSAGE	FREQUENCY

MEDICAL CONDITIONS (Check all that apply and list other conditions. Provide additional information below)

☐ No medical conditions
☐ Asthma / COPD
☐ Bleeding Disorder
☐ Diabetes / Insulin Dependent
☐ Heart Problems
☐ Hypertension
☐ Stroke
☐ Seizure Disorder
☐ _____
☐ _____
☐ _____
☐ _____

SEVERE ALLERGIES & DRUG REACTIONS (List any severe allergies and/or drug reactions below)

☐ No known allergies or reactions
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Please provide more details on medical conditions listed above and/or other information emergency responders should know:

HOSPITAL PREFERENCE

You might be transported to a different hospital based on your condition and/or hospital status.

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FIRE DEPARTMENT®