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 to give to EMS.**

Update form whenever there is a change in medication, medical history, POA, or DDNR.

Date Completed:_____ **Please place on your refrigerator**

Demographics

Name:_____ Age:____ 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

Do you have a Virginia Durable Do Not Resuscitate (DNR) Order Form? ☐ Yes ☐ No

If yes, where is it located? On refrigerator ◯ On back of bedroom door ◯

Medic alert bracelet ◯ Medic alert necklace ◯ Other:_____

Insurance Information

Medicare or Medicaid:_____

Primary Insurance Company:_____ Policy #:_____

Secondary Insurance Company:_____ Policy #:_____

Physician Information

Physician Name:_____ Physician Phone Number:_____

Specialist Name:_____ Specialist Phone Number:_____

Medical History and Medications

Please list any **Allergies**:_____

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

Continue on back if needed

Attach magnet here

Name:_____

Affix this form to your refrigerator

Date Completed:_____

Information for EMS

Henry County Department of Public Safety
276-634-4660

www.hcdps.com
www.facebook.com/hcdps

Fold Here

Medical History and Medications Continued

Medical History continued

_____
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Notes

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Medications continued

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