CANBY FIRE DISTRICT

EMERGENCY DIAL **9 1 1**

KEEP INFORMATION UP TO DATE

| Name: | | Sex: M F |
|---|---|---|
| Address: | | |
| Date of Birth: / / | | |
| **MEDICAL DATA** | | |
| Last Updated: | Blood Type: | |
| Doctor: | Phone #: | |
| Preferred Hospital: | | |
| *Use pencil for ease in making changes* | | |
| Medication Allergies: | | |
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| **Medication** | **Dosage** | **Frequency** |
|---|---|---|
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|---|---|
| Do you have a POLST or a DNR form? Yes X No X | |
| If yes, where is it located? | |
| POLST Registry Number: | |

SEE BACK OF CARD FOR ADDITIONAL INFORMATION

| EMERGENCY CONTACTS | |
|---|---|
| (1) Name: | Home Phone: |
| Address: | |
| Relation: | Work or Cell Phone: |
| (2) Name: | Home Phone: |
| Address: | |
| Relation: | Work or Cell Phone: |
| (3) Name: | Home Phone: |
| Address: | |
| Relation: | Work or Cell Phone: |
| Recent Surgery: | Date: |
| | |
| Religion: | |
| Living Will on file at: | |
| Health Care Proxy on file at: | |

| **MEDICAL CONDITIONS / HISTORY**<br>**Check all that apply** | |
|---|---|
| ☐ No known medical conditions | ☐ Hemodialysis |
| ☐ Abnormal EKG | ☐ Hemolytic Anemia |
| ☐ Adrenal Insufficiency | ☐ Hepatitis – Type [ ] |
| ☐ Angina | ☐ Hypertension |
| ☐ Asthma | ☐ Hypoglycemia |
| ☐ Bleeding Disorder | ☐ Leukemia |
| ☐ Cancer | ☐ Lymphomas |
| ☐ Cardiac Dysrhythmia | ☐ Memory Impaired |
| ☐ Cataracts | ☐ Myasthenia Gravis |
| ☐ Clotting Disorder | ☐ Pacemaker |
| ☐ Coronary Bypass Graft | ☐ Prosthesis |
| ☐ Dementia / Alzheimer’s | ☐ Renal Failure |
| ☐ Diabetes / Insulin Dependent | ☐ Seizure Disorder |
| ☐ Eye Surgery | ☐ Sickle Cell Anemia |
| ☐ Glaucoma | ☐ Stroke |
| ☐ Hearing Impaired | ☐ Tuberculosis |
| ☐ Heart valve | ☐ Vision Impaired |
| ☐ Other: | |
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