

# Emergency Medical Information—Adults Ages 19-65

Date Card Updated \_\_\_\_\_ (Please update yearly)

Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Address \_\_\_\_\_

Primary Language \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Insurance Provider/Policy Number \_\_\_\_\_

## Primary Physician

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Specialty Physician

Name \_\_\_\_\_

Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### Emergency Contact 1

Name/Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Address (if not same as above) \_\_\_\_\_

### Emergency Contact 2

Name/Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Address (if not same as above) \_\_\_\_\_

## ADVANCED DIRECTIVES

Do Not Resuscitate (DNR). Location: \_\_\_\_\_

Living Will. Location: \_\_\_\_\_

Durable Power Of Attorney (DPOA). Location: \_\_\_\_\_

## MEDICAL INFORMATION

Food Allergies/reaction \_\_\_\_\_

Medication Allergies/reaction \_\_\_\_\_

Other Allergies/reaction \_\_\_\_\_

## PAST MEDICAL HISTORY

### Heart

- Atrial Fibrillation
- Chest Pain
- Congestive Heart Failure
- Heart Attack
  - Date(s) \_\_\_\_\_
  - CABG (Bypass)? Y N
  - Stent? Y N

Heart Condition \_\_\_\_\_

- Hypertension
- Pacemaker
- Port-a-Cath

### Respiratory

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD/Emphysema/Bronchitis)
- Oxygen \_\_\_\_\_ LPM
- Smoker \_\_\_\_\_ PPD

### Neurological

- Developmental Delay
- Epilepsy/seizures
- Stroke
  - Deficit/date \_\_\_\_\_

### Multisystem

- Anaphylaxis
- Cancer
- Diabetes
  - Insulin dependent? Y N

### Head/Eyes/Ears/ Nose/Throat

- Hearing Loss
  - Hearing Aids Y N
- Impaired Vision
  - Glasses Y N
  - Contacts Y N

### Musculoskeletal

- Physical Disability
  - Equipment \_\_\_\_\_

## OTHER MEDICAL CONDITIONS/SIGNIFICANT SURGERIES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(Medication List on Back)

## MEDICATIONS

(Include Dose and Route of Administration)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

## IN CASE OF AN EMERGENCY DIAL 911

Please fill out this form and place on refrigerator in case of emergency. Give this card to EMS Personnel or take it with you to the Emergency Department.

To learn more contact McGregor Memorial EMS  
603-862-3674

Visit <http://www.mcgregorems.org> for a new card  
or come see us at the station: 47 College Rd. Durham, NH 03824

## HELPFUL HINTS

### Signs and Symptoms of a Heart Attack

- Uncomfortable pressure
- Squeezing
- Fullness or pain in center of chest that lasts more than a few minutes
- Pain or discomfort in one or both arms, back, neck, jaw or stomach
- Shortness of breath
- Nausea
- Lightheadedness.

### Signs and Symptoms of a Stroke

- Sudden numbness or weakness of the face, arm or leg (especially on one side of the body)
- Sudden confusion
- Trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking
- Loss of balance or coordination
- Severe headache with no

### Basic CPR

The most important things to assess in cardiac arrest are the victim's airway, breathing and circulation.

**STEP 1:** Check the victim for unresponsiveness. If there is no response, call 911 and return to victim.

**STEP 2:** Tilt the head back and listen for breathing, if not breathing, pinch nose and give two rescue breaths. Each breath should take one second.

**STEP 3:** If victim is still not breathing, begin chest compressions. Push down on chest 1.5-2 inches, 30 times between the nipples.

Continue with 2 breaths and 30 compressions until help arrives.