



(253) 884-2222
www.KeyPeninsulaFire.org

Name: _____
Address: _____
Phone #: _____ Date of Birth: _____

UPDATE EVERY 6 MONTHS **UPDATED:**

MEDICAL HISTORY

No Medical Conditions	Heart Attack
Abnormal EKG	Hemodialysis
Adrenal Insufficiency	Hemolytic Anemia
Angina	Hepatitis, Type:
Asthma	High Blood Pressure
Bleeding Disorder	Hypoglycemia
Cancer:	Myasthenia Gravis
Irregular Heartbeat	Pacemaker
Cataracts	Renal Failure / Insufficiency
Congestive Heart Failure	Seizures
COPD/Emphysema	Sickle Cell Anemia
Heart Surgery	Stents
Dementia / Alzheimer's	Stroke / TIA
Diabetes / Insulin Dependent	Tuberculosis
Glaucoma	Vision / Hearing Impaired

Please list any other medical conditions:

ALLERGIES

None	Morphine	Valium
Aspirin	Novocaine	Versed
Codeine	Penicillin	Horse Serum
Demerol	Sulfa	Peanuts
Bee Stings	Tetracycline	Seafood
Latex	X-Ray Dyes	
Lidocaine	Medical Tape	

Please list any other allergies:

Cut Along the Dotted Line

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MEDICATIONS	DOSE	REASON

CODE STATUS

Do you have a green P.O.L.S.T. (Do Not Resuscitate) Form?

Yes No Where is it Located?

Living Will on file at: _____

DPOA: _____ Phone: _____

Religion: _____

MEDICAL DATA

Primary Dr.: _____

Phone: _____

Specialist: _____ Type: _____

Phone: _____

Specialist: _____ Type: _____

Phone: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Relation: _____

Name: _____ Phone: _____

Relation: _____

INSURANCE INFO

Primary Ins Co: _____

Policy #: _____ Group #: _____

Supplemental Ins Co: _____

Policy #: _____ Group #: _____

Medicaid: _____ Medicare: _____