

Medications:

NAME Dosage Frequency

Your Doctors' Information:

DOCTOR'S NAME: _____

FIRST

LAST

SPECIALITY: _____

Phone: _____

DAY

CELL

DOCTOR'S NAME: _____

FIRST

LAST

SPECIALITY: _____

Phone: _____

DAY

NIGHT

CELL



Ardsley-Secor Volunteer Ambulance

Hang This Information on

The Inside doorknob of
Your House or Apartment's

Entry/exit door.

Please Use a pencil and print
Clearly. Keep this information
Up-to-date. Make and Keep

If I Get SICK Or Injured



Information for EMS Workers,
Physicians and other
Health Care Professionals

ABOUT YOU

Please use a pencil, print clearly and update regularly!

* Include a copy in this bag

NAME: _____

FIRST LAST

Age _____ Gender _____

Phone _____

DAY NIGHT CELL

Language: _____ ENGLISH ? YES NO

RELIGION: _____ MARTIAL STATUS: _____

NAME OF SPOUSE: _____

ORGAN DONOR? YES NO

Your Medical Information

CARDIAC PATIENT? YES NO

PACEMAKER YES NO

ALLERGIES TO MEDICATIONS? YES NO

If yes, list : _____

MEDICAL CONDITIONS: _____

EMS "NO CPR" DIRECTIVE YES NO

*DO NOT RESUSCITATE ORDER? YES NO

*HEALTHCARE PROXY? YES NO

*LIVING WILL? YES NO

Your Insurance Information

COMPANY: _____

POLICY #: _____

ADDRESS: _____

STREET APT/SUITE

CITY STATE ZIP CODE

PHONE _____

MEDICARE #: _____

Supplemental Insurance/ "Medigap"

COMPANY: _____

POLICY #: _____

Please use a pencil, print clearly and update regularly!

Hang this information on the inside doorknob of

Your house or apartment's entry/exit door.

*** PUT IN CLEAR ZIPLOC BAG ***

Emergency Contacts

Indicate two people to contact in case of an emergency

NAME: _____

FIRST LAST AGE

PHONE: _____

DAY NIGHT CELL

ADDRESS: _____

STREET

CITY STATE ZIP

RELATIONSHIP: _____

NAME: _____

FIRST LAST AGE

PHONE: _____

DAY NIGHT CELL

ADDRESS: _____

STREET

CITY STATE ZIP

RELATIONSHIP: _____