



STAFFORD EMS

P.O. Box 403
Manahawkin, NJ 08050
609-597-0001

ALLERGIES

MEDICAL HISTORY

- ANGINA HEART ATTACK STROKE DIABETES
- ASTHMA COPD EMPHYSEMA SEIZURES
- CONGESTIVE HEART FAILURE HIGH BLOOD PRESSURE
- CANCER OF THE: _____
- OTHER MEDICAL CONDITIONS: _____

ANY OTHER IMPORTANT INFORMATION

DNR Y N LOCATION _____

LIVING WILL Y N LOCATION _____

ADVANCED DIRECTIVE Y N LOCATION _____

FOLD HERE

TAPE OR GLUE TOGETHER

PLACE ON REFRIGERATOR

NAME: _____

HOME ADDRESS: _____

AGE: _____ BIRTHDATE: ____/____/____

HOME PHONE NUMBER: ____-____-____

EMERGENCY CONTACT: _____

NUMBER: ____-____-____

MEDICATIONS

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____
9. _____ 10. _____
11. _____ 12. _____
13. _____ 14. _____
15. _____ 16. _____

FURTHER INFORMATION ON OTHER SIDE