

# Personal Medical Information Card

Emergency Medical Services, Fire Departments, and Hospital Emergency Room personnel often experience situations where the patient can't give vital health information. A medical emergency information card would prove to be invaluable to attending medical personnel in providing treatment.

Why is this information needed?

- The more you know about your medications, the more you will be in control of your health.
- The more information you can give to your healthcare providers, the safer you will be.
- In the case of an emergency, this information will be available to those taking care of you.
- Your family and healthcare providers can only work with the information they are given.

What do you need to do?

- Complete all the information on the card.
- Cut along the perforated lines.
- Keep this information UP-TO-DATE. Anytime your medications change, update your card.
- Carry your medication card with you. Place it with other identification cards, such as license, insurance and, etc.
- Show this information to your family.
- Show this card to your healthcare providers.

Provided by: Malta & McConnellsville Fire Department  
*Division of Emergency Medical Services*

# Personal Medical Information Card

Life Saving Information for you to keep at your home in the event of an emergency!



**PATIENT INFORMATION:**

Name: _____		Date of Birth: _____	
Address: _____		Sex: Male Female	
City: _____	State: _____	Zip code: _____	
Phone: (    ) _____		SS # _____	

Primary Medical Problems: _____			
Doctor's Name: _____		Doctor's Phone Number _____	
Hospital Preference: _____		Have you been a patient there?    Y    N	

**HEALTH INFORMATION:**

Allergies to medications: _____	
Other allergies: _____	
Current Medications: Name/Dose _____	
_____	
_____	
Do you have a pacemaker:    Y    N	Blood Type: _____
Do you have a Living Will?    Y    N	

**PREVIOUS MEDICAL PROBLEMS: (Check all that apply)**

<input type="checkbox"/> Heart	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hyperglycemia
<input type="checkbox"/> Seizures	<input type="checkbox"/> Emphysema	<input type="checkbox"/> AIDS	<input type="checkbox"/> Anemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Other: _____			

Print this card and carry a copy in your purse or wallet.

<p style="text-align: center;">Emergency Medical Information Card (Provided M&amp;M Fire Department)</p> <p>Name: _____ Address: _____ City: _____ State: _____ Zip: _____</p> <p style="text-align: center;">Notify in Case of Emergency</p> <p>Name &amp; Phone: _____ (    ) _____ Name &amp; Phone: _____ (    ) _____ Physician: _____ Physician Phone: _____ Other Physician: _____</p>	<p>Medical Conditions: _____ _____</p> <p>Current Medications: ( Name &amp; Dose ) _____ _____ _____ _____</p> <p>Known Allergies: _____ _____</p> <p>Organ Donor: Y N    Living Will: Y N    DNR: Y N Signature: _____ Date Completed: _____</p>
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