

EMS ALERT
CALL 911
FOR AN AMBULANCE



1551 S. Winton Rd. P.O. Box 18699
Rochester, NY 14618 585-271-2718

GENERAL INFORMATION

PLEASE PRINT

Name _____ Sex: _____

Address _____

Phone _____ Date of Birth _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

Physician _____ Phone _____

MEDICAL INFORMATION

Social Security # _____

Private Health Insurance Carrier _____

Policy # _____

Medicare Policy # _____ Medicaid Policy # _____

Do you have a NYS Do Not Resuscitate Order (DNR)? or MOLST form? Yes _____ No _____

Where is your DNR or MOLST located? _____

Preferred Hospital _____

MEDICAL CONDITIONS/HISTORY

- COPD/Emphysema (difficulty breathing)
- High Blood Pressure (hypertension)
- Stroke/CVA/TIA (mini stroke)
- Renal (kidney) Failure/Dialysis
- Asthma
- Diabetes insulin _____ non-insulin _____
- Seizures
- Psychiatric _____
- Alzheimers
- Dementia
- Parkinson's
- Cancer _____
- Frequent Falls
- Heart Problems:
 - Heart Attack
 - CHF (congestive heart failure)
 - Irregular Heart Rate (A FIB)
 - Pacemaker/Internal Defibrillator
 - Cardiac Bypass Yr. _____ No. of vessels _____
 - Other Heart Problems _____
- No Known Medical Conditions

Other medical conditions / history: _____

Surgeries: _____
