18-4047

# Emergency Medical Information

**Give this information to paramedics when they arrive.**

## PERSONAL INFORMATION

Name:

Date of birth: DD________ / MM________ / YY________

Street address:

City:

Province: Postal code:

Phone number:

Health card number: __ __ __ __ __ __ __ __ __ __ - __ __

Emergency contact name:

Phone number:

Power of attorney name:

Phone number:

☐ Leave a photocopy of your health card in this envelope

* Keep your health card and other identification information in your wallet, purse or another safe place.

## MEDICAL CONDITIONS AND HISTORY

- ☐ Heart attack (date: ____________________)
- ☐ Congestive heart failure
- ☐ Pacemaker
- ☐ Irregular heartbeat
- ☐ High blood pressure
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Mental health and related behaviors
- ☐ Stroke (date: ____________________)
- ☐ Diabetes
- ☐ Asthma
- ☐ Seizures
- ☐ Cancer (diagnosis date: ____________________)
  - ☐ Currently receiving chemotherapy or radiation
  - ☐ Remission

Include any details about the conditions above, such as related surgeries or procedures within the last five years:

______________________________________________________________________

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Funded by:

## MEDICATIONS

Include a list of all medications you are taking. Ask your pharmacist to print a copy of your prescriptions. Make sure this list is updated as your prescriptions change.

Please write the date your medication list was last updated:

day / month / year

List any self-prescribed medications, such as vitamins, herbs or dietary supplements:

## ALLERGIES

List any allergies:

**Do you have Community Care or other private services?**

This information helps us connect you to referral services or update your care providers when necessary. These might be Home and Community Care, Personal Support Workers, or other private health care agencies.

**Do Not Resuscitate Form (DNR)**

Do you have a DNR in place? ☐ Yes, a copy is included ☐ No

*More information can be discussed with your family doctor