



TALBOT COUNTY DEPARTMENT OF EMERGENCY SERVICES
MEDICAL INFORMATION



Dear Resident:

After you call 911, we know that life-threatening emergency medical information is difficult to remember, or you might be alone and unconscious or unable to provide valuable information. With your well-being in mind, we ask that you help us by filling out this form. We ask that you update the information requested as your medical needs change and duplicate this form as necessary. Please fill in information for each person residing in your home. **PLACE THIS FORM IN A PLASTIC ZIPPER BAG IN THE FREEZER COMPARTMENT OF YOUR REFRIGERATOR AND PLACE THE ENCLOSED STICKER ON THE SIDE OF YOUR REFRIGERATOR NEAR THE TOP SO AS TO BE EASILY VISIBLE.** If you should ever require our service, we will look for the sticker and obtain this potentially life saving information from your freezer.

Person # 1

Last Updated ____/____/____

Name _____ Sex _____ Date of Birth ____/____/____ Weight _____

Address _____ City _____

Physician _____ Phone (____) _____ - _____

In Case of Emergency Notify: _____ Phone (____) _____ - _____

Medical History

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cardiac | Other Conditions (please list below): | DNR: A B None |
| <input type="checkbox"/> Hypertension | _____ | If DNR orders are in effect, please place a copy in the bag with this form. |
| <input type="checkbox"/> Respiratory | _____ | |
| <input type="checkbox"/> Diabetes | _____ | |
| <input type="checkbox"/> Seizure Disorder | _____ | |
| <input type="checkbox"/> CVA/Stroke | _____ | |

Location of your medications within your home: _____

Current Medications: _____

Medication Allergies: _____

Other Allergies: _____

Additional room is provided on the back of this form

Person # 2

Last Updated ____/____/____

Name _____ Sex ____ Date of Birth ____/____/____ Weight _____

Address _____ City _____

Physician _____ Phone (____) ____ - _____

In Case of Emergency Notify: _____ Phone (____) ____ - _____

Medical History

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Cardiac | Other Conditions (please list below): | DNR: A B None |
| <input type="checkbox"/> Hypertension | _____ | If DNR orders are in effect, please
place a copy in the bag with this
form. |
| <input type="checkbox"/> Respiratory | _____ | |
| <input type="checkbox"/> Diabetes | _____ | |
| <input type="checkbox"/> Seizure Disorder | _____ | |
| <input type="checkbox"/> CVA/Stroke | _____ | |

Location of your medications within your home: _____

Current Medications: _____

Medication Allergies: _____

Other Allergies: _____

For More Forms: Visit Your Local Pharmacy or contact Talbot County Department of Emergency Services

Talbot County
Department of Emergency Services

605 Port Street
Easton, MD 21601
(410) 770-8142

Talbot County Paramedic Foundation

P.O. Box 629
Easton, MD 21601