



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 MAGNET 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 magnet 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

- Cardiac
- Hypertension
- Respiratory
- Diabetes
- Seizure Disorder
- CVA/Stroke

Other Conditions (please list below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Orders for Life Sustaining Treatment

**MOLST:**  **Attempt CPR**

**No CPR Options:**

- A-1**  
Intubate
- A-2**  
Do NOT Intubate
- B**  
Palliative

If DNR/MOLST orders are in effect, please place a copy in the bag with this form.

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**

- Cardiac
  - Hypertension
  - Respiratory
  - Diabetes
  - Seizure Disorder
  - CVA/Stroke
- Other Conditions (please list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Orders for Life Sustaining Treatment**

- MOLST:**  **Attempt CPR**
- No CPR Options:**
- A-1**       **A-2**       **B**  
Intubate      Do NOT Intubate      Palliative

If DNR/MOLST orders are in effect, please place a copy in the bag with this form.

Location of your medications within your home: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

For More Forms: Visit the Talbot County Department of Emergency Services website at [www.talbotdes.org](http://www.talbotdes.org) or contact us at the information below.

**Talbot County**  
**Department of Emergency Services**  
605 Port Street  
Easton, MD 21601  
(410) 770-8160

**Talbot**  
**Paramedic Foundation**  
P.O. Box 2237  
Easton, MD 21601