SURGICAL HISTORY

Date Hospital / Facility Type of Surgery

HOSPITALIZATION HISTORY

Date Hospital / Facility Reason

FEMALE REPRODUCTIVE HISTORY

☐ Still Having Periods ☐ Do Not Have Periods

☐ Post Menopause ☐ Hysterectomy

_____ # Pregnant _____ # Births

HABITS

☐ Cigarette Smoker ☐ Pipe / Cigar Smoker

☐ Chewing Tobacco / Snuff ☐ Vaping / E-Cigarettes

☐ Alcohol Consumption ☐ Recreational Drug Usage

EMERGENCY MEDICAL INFORMATION

MADISON TOWNSHIP FIRE DEPARTMENT
(419) 589-5555

Date Updated: _____

Name: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Home Address: _____

Primary Care Physician: _____

Phone Number: _____

Preferred Hospital: _____

Medical Insurance Company: _____

Policy#: _____

Living Will: ☐ YES ☐ NO

Health Care Power of Attorny: ☐ YES ☐ NO

DO NOT RESUSCITATE: ☐ YES ☐ NO

ATTACH COPIES OF DOCUMENTS TO THIS FILE OF LIFE PACKET.

EMERGENCY CONTACTS

Name: _____

Telephone Number: _____

Relation: _____

Name: _____

Telephone Number: _____

Relation: _____

MEDICAL CONDITIONS

(check all that apply)

HEART DISEASE

- ☐ CHF/Heart Failure
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Irregular Heart Rate
- ☐ Pacemaker
- ☐ Heart Attack
- ☐ Angina / Chest Pain
- ☐ Heart Surgery / Catherization

STOMACH / GI DISEASE

- ☐ Bowel Obstruction
- ☐ Diverticulitis
- ☐ GERD / Reflux
- ☐ GI Bleeding
- ☐ Hiatal Hernia
- ☐ IBS

ENDOCRINE

- ☐ Diabetes
- ☐ Thyroid Disease

MUSCOSKELETAL

- ☐ Cervical Injury / Disease
- ☐ Thoracic Injury / Disease
- ☐ Lumbar Injury / Disease
- ☐ Hip / Pelvis Injury / Disease
- ☐ Shoulder Injury / Disease
- ☐ Other

OTHER

- ☐ Sickle Cell
- ☐ HIV / AIDS
- ☐ Hepatitis
- ☐ Other (List Below)

LUNG DISEASE

- ☐ COPD / Emphysema
- ☐ Asthma
- ☐ Fibrosis
- ☐ Pneumonia
- ☐ Bronchitis

KIDNEY DISEASE

- ☐ Kidney Dialysis
- ☐ Kidney Failure
- ☐ Kidney Stones
- ☐ Kidney Infection

NEUROLOGICAL

- ☐ Stroke
- ☐ Seizures
- ☐ Migraines / Headaches
- ☐ Multiple Sclerosis
- ☐ Alzheimers

CANCER

- ☐ Lung
- ☐ Liver
- ☐ Breast
- ☐ Skin
- ☐ Leukemia
- ☐ Stomach
- ☐ Colon
- ☐ Other

AUTO IMMUNE

- ☐ Lupus
- ☐ Crohn's / Ulcerative Colitis
- ☐ Addison's / Graves'
- ☐ Arthritis

PRESCRIPTION / MEDICATION HISTORY

Prescription Name	How Often You Take	Reason for Taking

ALLERGIES

- ☐ Latex
- ☐ Penicillin
- ☐ Sulfa Meds
- ☐ Insect Stings
- ☐ X-Ray Dye
- ☐ Adhesive Tape
- ☐ Other (List Below)

Other Pertinent Medical History

_____ _____

_____ _____

_____ _____

_____ _____