

Street Address, City & Zip: _____ Your Phone Number: (____) _____

Rural directions from nearest city. Description of house and surroundings, such as color of house, wood or brick frame, fence. Use highway names & numbers & landmarks such as churches, stores & bridges: (It is very helpful to have street number on house or mailbox) _____

Nearest intersecting street: _____

Primary Member Name: _____

Medical conditions:

Anemia or other blood disorder Arthritis or other bone/joint disease Brain or nerve disorders Breathing disorder or lung disease Cancer

Diabetes Mental illness Heart or blood vessel disease High blood pressure Dizziness, fainting or convulsions

Ulcers or stomach / intestinal disorders Kidney or bladder disorders Liver disease Electrical equipment dependent

Physical disability: _____

Major operations:

Blood vessels, year: _____ Brain or nerves, year: _____ Extremities, year: _____ Heart, year: _____

Intestines, year: _____ Kidney, year: _____ Lung, year: _____ Pelvic organs, year: _____

Thyroid/parathyroid, year: _____ Other: _____ year: _____

Preferred hospital: _____ Primary physician: _____

In the event you are unable to direct the medics to your medications, where are they located in your home? _____

Allergies:

Aspirin Codeine

Insect bites or stings

Penicillin Sulfa

Other: _____

Member 2 Name: _____

Medical conditions:

Anemia or other blood disorder Arthritis or other bone/joint disease Brain or nerve disorders Breathing disorder or lung disease Cancer

Diabetes Mental illness Heart or blood vessel disease High blood pressure Dizziness, fainting or convulsions

Ulcers or stomach / intestinal disorders Kidney or bladder disorders Liver disease Electrical equipment dependent

Physical disability: _____

Major operations:

Blood vessels, year: _____ Brain or nerves, year: _____ Extremities, year: _____ Heart, year: _____

Intestines, year: _____ Kidney, year: _____ Lung, year: _____ Pelvic organs, year: _____

Thyroid/parathyroid, year: _____ Other: _____ year: _____

Preferred hospital: _____ Primary physician: _____

In the event you are unable to direct the medics to your medications, where are they located in your home? _____

Allergies:

Aspirin Codeine

Insect bites or stings

Penicillin Sulfa

Other: _____

Member 3 Name: _____

Medical conditions:

Anemia or other blood disorder Arthritis or other bone/joint disease Brain or nerve disorders Breathing disorder or lung disease Cancer

Diabetes Mental illness Heart or blood vessel disease High blood pressure Dizziness, fainting or convulsions

Ulcers or stomach / intestinal disorders Kidney or bladder disorders Liver disease Electrical equipment dependent

Physical disability: _____

Major operations:

Blood vessels, year: _____ Brain or nerves, year: _____ Extremities, year: _____ Heart, year: _____

Intestines, year: _____ Kidney, year: _____ Lung, year: _____ Pelvic organs, year: _____

Thyroid/parathyroid, year: _____ Other: _____ year: _____

Preferred hospital: _____ Primary physician: _____

In the event you are unable to direct the medics to your medications, where are they located in your home? _____

Allergies:

Aspirin Codeine

Insect bites or stings

Penicillin Sulfa

Other: _____

Member 4 Name: _____

Medical conditions:

Anemia or other blood disorder Arthritis or other bone/joint disease Brain or nerve disorders Breathing disorder or lung disease Cancer

Diabetes Mental illness Heart or blood vessel disease High blood pressure Dizziness, fainting or convulsions

Ulcers or stomach / intestinal disorders Kidney or bladder disorders Liver disease Electrical equipment dependent

Physical disability: _____

Major operations:

Blood vessels, year: _____ Brain or nerves, year: _____ Extremities, year: _____ Heart, year: _____

Intestines, year: _____ Kidney, year: _____ Lung, year: _____ Pelvic organs, year: _____

Thyroid/parathyroid, year: _____ Other: _____ year: _____

Preferred hospital: _____ Primary physician: _____

In the event you are unable to direct the medics to your medications, where are they located in your home? _____

Allergies:

Aspirin Codeine

Insect bites or stings

Penicillin Sulfa

Other: _____

Member 5 Name: _____

Medical conditions:

Anemia or other blood disorder Arthritis or other bone/joint disease Brain or nerve disorders Breathing disorder or lung disease Cancer

Diabetes Mental illness Heart or blood vessel disease High blood pressure Dizziness, fainting or convulsions

Ulcers or stomach / intestinal disorders Kidney or bladder disorders Liver disease Electrical equipment dependent

Physical disability: _____

Major operations:

Blood vessels, year: _____ Brain or nerves, year: _____ Extremities, year: _____ Heart, year: _____

Intestines, year: _____ Kidney, year: _____ Lung, year: _____ Pelvic organs, year: _____

Thyroid/parathyroid, year: _____ Other: _____ year: _____

Preferred hospital: _____ Primary physician: _____

In the event you are unable to direct the medics to your medications, where are they located in your home? _____

Allergies:

Aspirin Codeine

Insect bites or stings

Penicillin Sulfa

Other: _____

List additional family members on a separate sheet of paper.

*Acadian Ambulance Service, Inc. shall bear no liability of any nature on account of or as a result of information provided, including but not limited to failure of member(s) to provide accurate and/or up to date information. It is not the responsibility of Acadian Ambulance Service, Inc., its agents, employees or representatives to gather, inquire about or request changes or additions to information provided herein, this being the sole responsibility of the member(s).