



Please fill in the blanks and return in the enclosed envelope.  
 Acadian Ambulance Service, P.O. Box 91431, Lafayette, LA 70509-1431  
 Phone: 1.800.256.JOIN (1.800.256.5646). Apply online at [www.MyAcadian.com](http://www.MyAcadian.com).

## 2017-2018 New Member Medical Information Form\*

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.

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