



# Roanoke County Fire & Rescue Department

## Emergency Medical Information

*Post on your refrigerator*

Please complete this form and place it on your refrigerator so that in a medical emergency our responders will have the important information they need to give you the best treatment possible.

**Full Name:** \_\_\_\_\_ **Phone #/s:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Driver's License #:** \_\_\_\_\_ **DL State:** \_\_\_\_\_

**Gender:**

Male

Female

**Race:**

White       Asian       Other Race

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

**Ethnicity:**

Hispanic or Latino

Not Hispanic or Latino

Not Applicable

**Emergency Contact (Name, Phone #, & Relation):** \_\_\_\_\_

\_\_\_\_\_

**Primary Physician/s:** \_\_\_\_\_

**Medical History** (*what you have been treated for and/or what you are currently being treated for*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications (Name and Dosage):**


**Allergies:** \_\_\_\_\_

**Primary Insurance:**

_____	_____
<small>Company</small>	<small>Subscriber</small>
_____	_____
<small>Policy Number</small>	<small>Group Number</small>

**Secondary Insurance:**

_____	_____
<small>Company</small>	<small>Subscriber</small>
_____	_____
<small>Policy Number</small>	<small>Group Number</small>

**Hospital of Choice:** \_\_\_\_\_

\*\*\* *If the patient has a Do Not Resuscitate (DNR) form, please keep it with this form to give to EMS.* \*\*\*



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# **EMERGENCY MEDICAL INFORMATION**

*“So we can provide the best emergency medical care possible”*

The Emergency Medical Information Form is designed to speak for you when you are unable to speak for yourself. The completed form includes all of the important information that we need in order to administer the proper medical treatments before arriving at the hospital, as well as, the important information needed by the hospital upon our arrival.

Please be sure to update this form if anything changes since it was first completed. If your medication changes after a doctor visit, be sure to change it on your form as soon as possible. Any other important information the EMS crew may need to know should be written on the back side of the form. If the person listed on the form has a Do Not Resuscitate (DNR) form, please make sure it is kept on the refrigerator with this form.

Please follow these 4 simple steps to using the Emergency Medical Information Form:

1. Fill out the Emergency Medical Information Form completely.
2. Make multiple copies of the form so the EMS crew can take it with them. This will help speed along the process of transport to the hospital.
3. Attach any other important forms such as a DNR order form to the Emergency Medical Information Form.
4. Fold the form so the reverse side is facing out so the EMS crew is able to find it when they look for it on your refrigerator.

Completion of this form will help to ensure the correct information is being passed along not only to the EMS crew but to the hospital as well. Overall, our goal is to provide the very best medical services possible to you and your loved ones. If you know someone else who may benefit from this form, please feel free to pass this form along to them either of the following ways:

1. *Give them a blank copy of your form*
2. *Print one from our website: [www.RoanokeCountyVA.gov/FR](http://www.RoanokeCountyVA.gov/FR)*

*You may also call 777-8701 with any questions you may have about this form or if you need assistance getting more of these forms for friends or family members.*