Patient Information for use by EMS and Staff at Receiving Medical Facility

This information is to be kept secure with the patient or with other patient records under the protection of the Health Insurance Portability and Accountability Act (HIPAA)

This form is intended to provide medical personnel with needed information. It is up to the individual to determine what information will or will not be provided. *Please make a copy for EMS to take.*

—Please place on your refrigerator—

Demographics

Name:____ Age:____ Date of Birth:_____/____/_______

Address:____City:_______________ State:____ Zip:_________

Home Telephone: (____)_______________ Cell Phone: (____)_______________

Email Address:____ Soc. Sec. No.:______-____-_________

Emergency Contact Name:____

Telephone: (____)_______________ Relationship:____________________ Power of Attorney? ☐ Yes ☐ No

Insurance Information

Medicare or Medicaid:_____________________________________

Private Insurance Company:________________________________ Policy #:______________________________

Secondary Insurance Co:___________________________________ Policy #:______________________________

Please provide insurance information even if you are a member of the EMS Subscription Fund. Insurance and Medicare will still be billed. We will use your information above to identify you as an EMS Fund member.

Physician Information

Physician Name:___________________________________ Physician Group:_____________________________

Physician Telephone: (____)_______________ Notes:____

Medical History and Medications

Please list any Medication Allergies:____

Please list Medical History	Please list Medications
_______________________________________	_______________________________________
_______________________________________	_______________________________________
_______________________________________	_______________________________________
_______________________________________	_______________________________________
_______________________________________	_______________________________________

Continue on back if needed

Medical History and Medications Continued

Medical History continued	Medications continued

Fold here for privacy and place on refrigerator with "Information for EMS" in plain view

Information for

EMS

Questions? Contact

Wake County EMS

919-856-6020

www.wakegov.com/ems

Facebook.com/WakeCountyEMS

Attach to refrigerator
by placing magnet here.