EMERGENCY MEDICAL INFORMATION

FOR FIRST RESPONDERS

Full Name: Phillip M .Edwards

Date of Birth: 03/26/1948 Age: 77 Sex M Blood Type: B-

Medical Conditons (check all that apply):

☐ Afib	☐ Aids	☐ Alcohol Addiction	☐ Arthritis	☐ Asthma/ COPD	☐ Bipolar
☐ Blood Thinners	☐ Cancer	☐ Cataracts	☐ Clotting Disorder	☐ Crohns	☐ Dementia
☐ Depression	☐ Diabetes	☐ Drug Addiction	☐ Gout	☐ Heart Condition	☐ Hepatitis
☐ High Blood Pressure	☐ Kidney Disease	☐ Kidney Stones	☐ MRSA	☐ Osteoporosis	☐ Ostomy
☐ Pace maker	☐ Seizure	☐ Stroke	☐ STD	☐ TB	☐ UTI

Current Mecications:

Ropinole 5mg 1xdaily,

Allergies:

☑ No Know Allergies

☐ Medications _____

☐ Food _____

☐ Latex ☐ Yes ☐ No

☐ Other _____

Reacton Type:

Primary Emergency Contact:
Name: Rebecca Hevel
Relationship: Niece
Phone:

Secondary Emergency Contact
Name: Jo Walsh
Relationship Sister
Phone:

Primary Physician

Name: Dr. Paul Ward Phone:

Additional Emergency Notes (Anything First Responders should know immediately)

☑ Consent Statement

I authorize emergency medical personnel to access and use this information foro medical treatment in an emergency

Name_____ Signature_____