



PLYMOUTH POLICE AND FIRE DEPARTMENTS

**Emergency or Assistance
Dial 911**

Keep Information Up To Date

PLEASE PRINT COMPLETED FORM AND PLACE IN FILE OF LIFE PACKET.

NAME AND ADDRESS

Name:

Address:

Sex: M F Date of Birth:

EMERGENCY CONTACTS

Name:

Address:

Relation:

Home #: Work #:

Name:

Address:

Relation:

Home #: Work #:

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type:

Doctor:

Phone #:

Preferred Hospital:

Special Conditions/Remarks:

MEDICATION

DOSAGE

FREQUENCY

MEDICATION

DOSAGE

FREQUENCY

RECENT SURGERY

DATE

OTHER INFORMATION

Religion:

Living Will on file at:

Health Care Proxy on file at:

Do you have an EMS-NO CPR Directive or a DNR form?

Yes No

Where is it located? _____

MEDICAL CONDITIONS

- | | |
|-----------------------------|--------------------|
| No Known Medical Conditions | Hemodialysis |
| Abnormal EKG | Hemolytic Anemia |
| Adrenal Insufficiency | Hepatitis-Type [] |
| Angina | Hypertension |
| Asthma | Hypoglycemia |
| Bleeding Disorder | Leukemia |
| Cancer | Lymphomas |
| Cardiac Dysrhythmia | Memory Impaired |
| Cataracts | Myasthenia Gravis |
| Clotting Disorder | Pacemaker |
| Coronary Bypass Graft | Renal Failure |
| Dementia Alzheimer's | Seizure Disorder |
| Diabetes/Insulin Dependent | Sickle Cell Anemia |
| Eye Surgery | Stroke |
| Glaucoma | Tuberculosis |
| Hearing Impaired | Vision Impaired |
| Heart Valve Prosthesis | |
| Other: | |

ALLERGIES

- | | | |
|----------------|---------------|--------------------|
| Aspirin | Insect Stings | Penicillin |
| Barbiturate | Latex | Sulfa |
| Codeine | Lidocaine | Tetracycline |
| Demerol | Morphine | X-Rays Dyes |
| Horse Serum | Novocaine | No Known Allergies |
| Environmental: | _____ | |
| Other: | _____ | |

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Med Ins Co:

Policy #:

Medicaid #:

Medicare #: