

# Bedford Fire Department

Please contact Captain Thatcher Plante at 603-792-1371 or Fire Inspector Eric Dubowik at 603-792-1372 for assistance filling out this document or questions.

## Important Patient Information

Name: _____		Age: _____	Sex: _____	
Date of Birth: _____	Blood Type: _____	Religion: _____		
Address: _____		Phone #: _____		
Doctor: _____		Doctors Office: _____		
Choice of Hospital (Circle one):	Elliot	CMC	Southern NH	St. Joseph
Medical Insurance Company: _____	Policy #: _____	Group#: _____		

## Important Medical Information

<u>Allergies</u>	<u>Medical Conditions &amp; History</u>	
<input type="checkbox"/> No Known Drug Allergies <input type="checkbox"/> Aspirin <input type="checkbox"/> Insect Stings <input type="checkbox"/> Latex <input type="checkbox"/> Morphine <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> X-Ray Dyes Others: _____ _____ _____ _____ _____	<input type="checkbox"/> No Medical History <input type="checkbox"/> Adrenal Insufficiency <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Angina <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cancer : _____ <input type="checkbox"/> Clotting Disorder <input type="checkbox"/> Coronary Bypass <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hypertension	<input type="checkbox"/> Leukemia <input type="checkbox"/> Lymphomas <input type="checkbox"/> Pacemaker <input type="checkbox"/> Renal Failure <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Stroke Others: _____ _____ _____ _____ _____ _____

## Medication List

Medication	Dose	Frequency	Medication	Dose	Frequency

DNR or Advance orders must be original and attached to this form to be valid or Located: \_\_\_\_\_