

EMS Alert

Irondequoit Volunteer Ambulance
2330 Norton Street
Rochester, NY, 14609
(585) 544-5112

Logo Here

Call 911 for an Ambulance

GENERAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____ Phone#: _____

Hospital: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Do You have an Advanced Directive or Health Care Proxy?

() No () Yes Where is it located? _____

A DNR or MOLST form must be present for EMS to follow wishes

MEDICAL CONDITIONS

Please check all that apply

- No known medical conditions
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> COPD/Emphysema | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke/CVA/TIA | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Renal Failure/Dialysis | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Blindness: R L | <input type="checkbox"/> Alzheimers |
| <input type="checkbox"/> Deafness: R L | <input type="checkbox"/> Dementia |
- Heart Problems:
- Heart Attack
 - CHF (Congestive Heart Failure)
 - A-Fib (Irregular Heart Rate)
 - Pacemaker/Internal Defibrillator
 - Cardiac Bypass
 - Other Heart Problems: _____
- _____
- _____

Cancer (Please specify where and if you've had a masectomy, which side): _____

Surgeries: _____

Other Medical Conditions: _____

ALLERGIES

- Penicillan
- Sulfa
- Aspirin
- Food: _____
- Enivronmental: _____

Please specify reactions to all of the above
