



Courtesy of Tri-Community Ambulance Service, Inc.  
Proudly serving the residents of the Bergholz, Pekin, Sanborn and St. Johnsburg fire districts since 1956!  
www.tricomcommunityambulance.org

## EMERGENCY PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **DNR ORDER**

**DO YOU HAVE A DNR ORDER:**

\_\_\_\_ YES \_\_\_\_ NO

*(If YES, attach copy)*

### **MEDICAL HISTORY:**

*(check all that apply)*

\_\_\_\_ Heart Disease (specify type: \_\_\_\_\_)

\_\_\_\_ ALLERGIES (specify type(s): \_\_\_\_\_)

\_\_\_\_ Hypertension (high blood pressure)

\_\_\_\_ Asthma      \_\_\_\_ COPD      \_\_\_\_ Diabetes      \_\_\_\_ CVA/Stroke

\_\_\_\_ Seizures      \_\_\_\_ Other (please list: \_\_\_\_\_)

### **PATIENT CARE FACILITIES:**

Personal Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please post somewhere this information can be readily located by emergency personnel. We recommend on the front of the refrigerator for easy access.

**EMERGENCY CONTACTS:**

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_  
**2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_

**MEDICATIONS:**


**INSURANCE INFORMATION:**

**Medicare ID #:** \_\_\_\_\_  
**Medicaid ID #:** \_\_\_\_\_  
**Other Insurance Company:** \_\_\_\_\_  
**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Additional Notes:**

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