

Supplied by:

PFD [Crest]

LAST UPDATED: _____

MEDICAL HISTORY

STICK THIS TO THE FRIDGE

NAME: _____ SPOUSE: _____

ADDRESS: _____ PHONE: _____

AGE: _____ DOB: _____ HEALTH CARD#: _____

WEIGHT: _____ lbs _____ kg ALLERGIES: _____

HEART RATE @ REST: _____ ♡ _____

BLOOD PRESSURE @ REST: _____ / _____

CARDIAC HISTORY: (YEAR)

- _____
- _____
- _____

CONTRA-INDICATIONS TO HEART/ATTACK "CLOT-BUSTERS"

- Bleeding Stroke Brain tumor Aortic Aneurysm
 Current Internal Bleeding or Pericarditis

MEDICAL HISTORY: (YEAR)

- (_____) _____
- (_____) _____
- (_____) _____
- (_____) _____ over for more

MEDICATIONS:

PURPOSE

QUANTITY / DAY:

- | MEDICATIONS: | PURPOSE | QUANTITY / DAY: |
|--------------|---------|-----------------|
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |
| • _____ | _____ | _____ |

FAMILY DOCTOR

OTHER EMERGENCY #'S:

NAME: _____ FAMILY _____

PH # _____

HOME # _____

Created by: DG/PeterboroughFire