



West Allis Fire Department Emergency Medical Information Sheet

Why is your medical information important?

If the fire department responds to your home for a medical emergency, we need to obtain patient information and medical history very quickly. Sometimes this is difficult due to the stress of an emergency situation, or the patient may not be able to communicate because of the medical condition. The lack of medical information can be life threatening. The EMERGENCY MEDICAL INFORMATION SHEET is proposed to help alleviate this situation. By filling in the areas on the attached sheet with appropriate information and keeping it updated, you won't have to remember it, you'll have it all written down. Having your medical information readily available can help firefighters and paramedics save valuable time and provide you with the highest quality of care.

Who would benefit from this?

- Anyone who lives alone
- Anyone that has an extensive medical history or acute medical condition
- Someone that takes numerous medications regularly

How to use the EMERGENCY MEDICAL INFORMATION SHEET?

- Print a copy of the below Emergency Medical Information Sheet
- Have a loved-one or caregiver help you fill out the information sheet to ensure that nothing is forgotten
- Place this information sheet in an easily accessible location
- If called upon, tell EMS personnel that you have this information sheet and its location
- Take the information sheet with you to the hospital if you require care in the emergency department
- Remember to update your information anytime your medical condition changes

Where should I keep my EMERGENCY MEDICAL INFORMATION SHEET?

- On back of entrance door
- On the front of your refrigerator
- In a plastic bag in your refrigerator
- In your purse or wallet

For additional information, please contact the West Allis Fire Department Emergency Medical Services Division at 414 302 8900.

FOR EMERGENCY DIAL 911



West Allis Fire Department Emergency Medical Information Sheet

Name _____ Date _____
Address _____ Room _____
Phone (____) _____
Date of Birth (MM/DD/YYYY) _____ Age _____
Social Security # _____
Primary Insurance Co _____ ID# _____
Secondary Insurance Co _____ ID# _____

Emergency Contacts

_____	(____)	(____)	_____
Name	HM Phone	Wk Phone	Relationship
_____	(____)	(____)	_____
Name	HM Phone	Wk Phone	Relationship

Physician List

_____	(____)	_____	_____
Name	Phone	Specialty	Hospital
_____	(____)	_____	_____
Name	Phone	Specialty	Hospital

Medical Information

Allergies to medication: _____

Current medical problems: _____

- Cardiac
- Stroke
- Seizures
- Other _____
- Diabetes
- HIV+
- Hepatitis-C
- Asthma
- Emphysema
- High Blood Pressure

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(more medical information on back of form)

