



# Midlothian Fire Department

911

## Medical Information Form

(Please Print)

Please fill out one form for each member of the household and post for an emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

### Medical Information

#### Diabetes

Insulin Controlled \_\_\_\_\_

Medication Controlled \_\_\_\_\_

Other \_\_\_\_\_

#### Neurological

Seizures \_\_\_\_\_

Epilepsy \_\_\_\_\_

Other \_\_\_\_\_

#### Respiratory

Covid \_\_\_\_\_

COPD \_\_\_\_\_

Emphysema \_\_\_\_\_

Bronchitis \_\_\_\_\_

Asthma \_\_\_\_\_

Other \_\_\_\_\_

#### Cardiac

Congestive Heart Failure \_\_\_\_\_

Heart Attack \_\_\_\_\_

Angina \_\_\_\_\_

By-Pass/how many \_\_\_\_\_

Arrhythmias \_\_\_\_\_

Hypertension \_\_\_\_\_

Other \_\_\_\_\_

#### Other

CVA (Stroke) \_\_\_\_\_

Infectious Disease \_\_\_\_\_

Cancer \_\_\_\_\_

Sickle Cell \_\_\_\_\_

Psychological \_\_\_\_\_

Other \_\_\_\_\_

List of Medications (Name and Location) \_\_\_\_\_

**Allergies** \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's phone number \_\_\_\_\_