

PORTLAND GPAA
EMERGENCY
MEDICAL INFORMATION SHEET

The following information will be used for Emergency Medical Information only. It will be treated with confidentiality and will not be made available to anyone except Emergency Personnel and for treatment only.

Name: _____; Date: _____

PLEASE ANSWER THE FOLLOWING:

What is your blood type _____ Do you have religious preference _____

ARE YOU ALLERGIC TO ANY MEDICATIONS (YES) (NO)

If yes, please list the medications you are allergic to: _____

Have you ever or do you presently have any of the following:

Diabetes (Yes) (No); Type? _____ Heart condition: (Yes) (No);

Allergies to insect bites: (Yes) (No); which? _____

Shortness of Breath or difficulty breathing (Yes) (No);

Sleep Apathy (Yes) (No); setting? _____

Do you have any other medical conditions or diseases that should be noted in case of emergency?

Emergency Contact Name:

Emergency Contact Number:

Remember: This form is confidential information that will not be shared with anyone except emergency personnel in case of emergency and can be surrendered to only the person listed. Knowing this, is there any other information we should know?