



SACRAMENTO METROPOLITAN FIRE DISTRICT

Emergency Medical Information Sheet A Quick Reference for First Responders

Post this on your Refrigerator
Call 9-1-1 in an Emergency!

Patient Information:

Name		Date of Birth
Address	City	Zip
()		
Home Phone	Email Address	

Insurance: (mark "1" for primary and "2" for secondary)

MediCare	Medi-Cal	Blue Cross	Kaiser	Health Net	Other (please name)
Primary #			Secondary #		

Medical History: (check all that apply)

Check here if you continued Medical History on the back

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Dialysis	<input type="checkbox"/> DNR/Advanced Directive Form location: _____
<input type="checkbox"/> Cardiac	<input type="checkbox"/> High B/P	<input type="checkbox"/> Other (please list): _____
<input type="checkbox"/> COPD	<input type="checkbox"/> Seizures	_____

List all Medications you are currently taking:

Check here if you continued Medications on the back

List all Allergies:

Check here if you continued Allergies on the back

Hospital Preference for Transport: (mark 1st, 2nd, and 3rd choices)

Kaiser North	Kaiser Roseville	Kaiser South	Mercy Folsom	Mercy General	Mercy San Juan	Methodist	Sutter General	Sutter Memorial	UC Davis

Family Member(s) to be Notified:

Name(s):	Home Phone:	Cell Phone:

