

Gresham Fire & Emergency Services MEDICAL EMERGENCY REFRIGERATOR CARD

1333 N.W. Eastman Parkway, Gresham, OR 97030 • 503-618-2355

First Name:	Middle:	_ Last Name:					
Emergency Contacts: 1. Name: _			Phone:				
2. Name: _			Phone:				
Primary Care Physician:			Phone:				
Other Physician:	Specialty:		Phone:				
Hospital Preference:		Health Plan:					
Birthdate:/ Typic	al Blood Pressu	re:/	Blood Type:				
Most Recent Surgeries:							
Type of Procedure:			Date:				
Type of Procedure:		Date:					
Type of Procedure:			Date:				
Type of Procedure:			Date:				
☐ I have a DO-NOT-RESUSC	ITATE (DNR)	or POLST form					
Form location:							
	T						
MEDICATIONS	DC	SAGE	FREQUENCY				

CURRENT MEDICAL CONDITIONS

(check all that exist)

Ш	No Medical Cond	itions		Depression		Ш	Hypoglycemia		Ш	PISC)	
	Abnormal EKG			Diabetes			Laryngectomy				Renal Failure	
	Adrenal Insufficiency			Eye Surgery			Leukemia				Seizure Disorder	
	Alzheimer's			Glaucoma			Lung Di	seases			Sickle	e Cell Anemia
	Angina			Hearing Impa	aired		Lympho	mas			Situs	Inversus
	Asthma			Heart Valve			Maligna	nt Hyp	othermia		Strok	ke or TIA
	Bleeding Disorder			Hemodialysis			Memory Impaired				Vision Impaired	
	Cardiac Dysrhythmia			Hemolytic An	nemia		Myasthenia Gravis			Other:		
	Coronary Bypass	Graft	☐ Hypertension		1		Pacemaker				Other:	
	Communicable D	iseases	:									
ALLERGIES (check all that exist)												
	Aspirin		Horse Se	-			ocaine		Sulfa Dr	ugs		Other:
	Barbiturates		Ibuprofen/NSAIDS			Moi	rphine		Tetracycline			Other:
	Codeine		Insect Stings			Nov	ocaine/		X-rays/Dyes			Other:
	Demerol		Latex			Pen	icillin		Other:			Other:
Dlos	se list any oth	or imr	ortant in	formation t	ho Eir	o Do	nartma	nt cha	ould know			
FIC	ise list arry our	cı iiiip	ortant in	ioimation ti	ie i ii	ב טכ	рагипе	TIC SIIC	Julu Kilo	/V .		

Instructions:

- This form is provided as a service of Gresham Fire & Emergency Services. In the event of a medical emergency at your home, it is intended to provide our firefighter/paramedics with valuable information concerning your health and past medical history.
- Please complete both sides of this form and post it prominently on the front of your refrigerator.
- Share this form with your health care providers at all visits, to ensure that the information is accurate.
- Update your record when starting or stopping a medication, or when there are changes in your health status.
- Feel free to make copies, or obtain additional forms at your local Gresham Fire Station, or by calling 503-618-2355.