YOUR PERSONAL MEDICAL FILE

THIS FILE IS CORRECT AS OF//
NAME:
ADDRESS:
PHONE:
SSN #:
DATE OF BIRTH:
MEDICATION / DRUG ALLERGIES:
MEDICATIONS:

MEDICAL HISTORY:	
,	
RELEVANT MEDICAL QUESTIONS:	
BLEEDING DISORDERS?	YES / NO
PACEMAKER?	YES / NO
HEART VALVES? IMPLANTED MEDICAL DEVICES?	YES / NO YES / NO
TEXAS OUT OF HOSP. DNR?	YES / NO
ADVANCED DIRECTIVES?	YES / NO
LOCATION KEPT:	
EMERGENCY CONTACT INFORMAT	ION:
NAME	
NAME:	
PHONE #:	
RELATIONSHIP:	
ANY SPECIAL CONSIDERATIONS?	
FRIENDSWOOD VOL. FIRE DEPT. – E	MS DIVISION
1000 S. FRIENDSWOOD FRIENDSWOOD, TX 77546	

EMERGENCIES DIAL 911 NON-EMERGENCIES: 281 – 996 -3360

PLEASE PRINT LEGIBLE.