

## Fire District 3

### *\*Patient Information sheet \**



NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_-\_\_\_\_\_ HOSPITAL PREFERENCE: ☐ ROGUE ☐ PROVIDENCE

POLST FORM ☐ YES ☐ NO LOCATION OF FORM \_\_\_\_\_

ALLERGIES: NONE? CODEINE? IODINE? LATEX? MORPHINE? PENICILLIN? SULFA?

OTHER: \_\_\_\_\_

MEDICAL HISTORY : \_\_\_\_\_

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\*\*\* PLEASE PRINT CURRENT MEDICATIONS ON THE BACK OF THIS CARD \*\*\*

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