EMERGENCY PARAMEDIC BRIEFING FORM

The **Emergency Paramedic Briefing Form** can be used by individuals in their homes to aid emergency medical responders in any emergency. (The Emergency Paramedic Briefing Form is not intended to be information collected by the church but to aid in preparing congregants for any disaster.)

FIRST NAME	LAST NAME	M.I.	BIRTHDATE	AGE
HOME ADDRESS				

MEDICAL HISTORY INFORMATION: (Check all that apply and add any other)

☐	Alcoholism	☐	Congestive Heart Failure (CHF)	☐	Osteoporosis
☐	Alzheimer's	☐	Dementia (OBS)	☐	Parkinson's Syndrome
☐	Angina	☐	Depression	☐	Psychiatric Disorder
☐	Arthritis	☐	Diabetes	☐	Seizure Disorder
☐	Asthma	☐	Hearing Impaired	☐	Stroke (CVA)
☐	Anxiety	☐	Hypertension	☐	Transient Ischemic Attack (TIA)
☐	Blind (Legally Blind, PERL)	☐	Hyperthyroidism	☐	Tuberculosis (TB)
☐	Cancer	☐	Hypotension	☐	
☐	Cardiac	☐	Infectious Disease	☐	
☐	Cardiac Pacemaker	☐	Kidney Failure	☐	
☐	Chronic Obstructive Pulmonary Disease (COPD)	☐	Multiple Sclerosis (MS)	☐	Gastric Esophageal Reflux Disorder (GERD)

TREATMENT GUIDELINES:

ADVANCED DIRECTIVES	Select Option	Do not resuscitate (DNR) ☐
LOCATION:		

MEDICATION LIST: (List medication name only)(Do not include vitamins)

ALLERGIES TO MEDICATION:

HOSPITAL PREFERENCE (If medically advisable, Pt. will be taken to preferred hospital)

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CONTACT INFORMATION:

CONTACT	NAME	TELEPHONE
PRIMARY DOCTOR		
SPECIALIST		
SPECIALIST		
FAMILY MEMBER		
FACILITY CONTACT		