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# Emergency Medical Treatment Form

Call 9-1-1 in an Emergency!

## Patient Information

Last, First, Middle	Age	Date of Birth
Address	City & Zip	Phone Number

## Insurance

Primary Insurance	Secondary Insurance	Last 4 SSN	Physician Name & Phone Number
Primary Policy #	Secondary Policy #		

## Medical History

Cardiac	Stroke	Diabetes	Seizures	High B/P	Cancer	Asthma	COPD	Dialysis
Other:								

## DNR/Advance Directive Form

Location in the home:
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## Medications

## Allergies


## Hospital Preference For Transport (Select 1st, 2nd, 3rd Choices)

Kaiser South		Methodist	
Kaiser North		Sutter General	
Kaiser Roseville		Sutter Roseville	
Mercy Folsom		UC Davis MC	
Mercy General		VA Hospital	
Mercy San Juan			

## Family Member To Be Notified

Name	Home Phone	Cell Phone

[www.metrofire.ca.gov](http://www.metrofire.ca.gov)