



## Emergency Information Sheet

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**IN EMERGENCY – TRANSPORT TO:** (Name, Address, Directions and Phone number of hospital)

\_\_\_\_\_  
\_\_\_\_\_

**Normal vital signs for this patient:**

Heart rate: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Respirations: \_\_\_\_\_ O2 Level \_\_\_\_\_

Allergies: \_\_\_\_\_

Antibiotic Prophylaxis needed for cuts requiring stitches and dental or surgical procedures.

Open Heart Surgeries: (Type of surgery and dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (name and dose):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts - Physicians: (name and phone)**

Cardiologist: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Surgeon: \_\_\_\_\_

**Contacts - Family/Friends: (name, home, work, and cell phone numbers)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information: (Name, Group number, phone number, employer):**

\_\_\_\_\_  
\_\_\_\_\_