

Medical Information for EMS

Last updated: _____

At-a-glance facts about the person I support, for EMS and backup helpers. Full details are in the binder.

Caregiver Emergency Binder is kept at:

Name: _____

Goes by: _____

Language: _____

Date of birth: _____

Pets in the home: _____

Recent photo

ALLERGIES

☐ No known allergies

HEALTH CONDITIONS (check all that apply)

☐ Dementia or memory loss

☐ Blood thinner

☐ Diabetes

☐ Pacemaker or defibrillator

☐ Uses oxygen

☐ Seizures

☐ Hearing loss

☐ Vision loss

☐ Fall risk

Other conditions: _____

Best way to communicate: _____

MEDICATIONS (full list: Medication & Allergy List, in the binder)

Key or high-risk medications: _____

ADVANCE DIRECTIVE, POLST, OR DNR (locations only)

Forms kept at: _____

Health care agent & phone: _____

EMS can generally follow only a signed DNR or POLST form they can see, and rules vary by state. Keep it in plain view.

WHO TO CALL AND WHERE TO GO

Caregiver: _____

Phone: _____

Emergency contact 1: _____

Phone: _____

Emergency contact 2: _____

Phone: _____

Primary doctor & phone: _____

Preferred hospital: _____

Tip: Many fire departments suggest keeping this on the refrigerator, where responders know to look. Ask yours about a Vial of Life or File of Life program.

Free to print and share. From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments. lighthousebydragonfly.com
Private health information. Store securely.



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caregiver tools

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