



Brant/Brantford Paramedic Services
MY MEDICAL INFORMATION SHEET

Confidential When Complete



“Speaking for you, when you cannot speak”

Personal Information

Name: Date Completed:

Address: HCN (OHIP):

Phone: Date of Birth (DDMMYY): Blood Type:

Age: Height: Weight: lbs/kg

Doctor's Name: Doctor's Phone:

Emergency Contact: Relationship:

Phone:

Medical Information

List any allergies:

<input type="checkbox"/> I have had a heart attack	<input type="checkbox"/> I have emphysema
<input type="checkbox"/> I have a heart pacemaker	<input type="checkbox"/> I have chronic bronchitis
<input type="checkbox"/> I have an irregular heart beat	<input type="checkbox"/> I have COPD
<input type="checkbox"/> I have an implanted defibrillator	<input type="checkbox"/> I have pulmonary fibrosis
<input type="checkbox"/> I have angina	<input type="checkbox"/> I smoke regularly
<input type="checkbox"/> I have heart failure	<input type="checkbox"/> I have/had cancer
<input type="checkbox"/> I have heart palpitations	<input type="checkbox"/> I am on home care
<input type="checkbox"/> I had my heart shocked to slow it down	<input type="checkbox"/> I am a Community Paramedic client
<input type="checkbox"/> I have/had an aneurysm	<input type="checkbox"/> I am a palliative care patient
<input type="checkbox"/> I have high blood pressure	<input type="checkbox"/> I am in the Remote Patient Monitoring program
<input type="checkbox"/> I have had a stroke	
<input type="checkbox"/> I have epilepsy/seizures	Other: <input type="text"/>
<input type="checkbox"/> I have diabetes	
<input type="checkbox"/> I have Addison's syndrome (adrenal failure)	
<input type="checkbox"/> I have renal failure (on dialysis)	

This form should be updated as required OR reviewed twice per year for accuracy
 Give a copy to the Paramedics when they arrive



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Please remember to attach a current medication list

Pharmacy Name & Number:

Drug Name	Dose	How often

Legal Information

Power of Attorney for Personal Care:

I have an Ontario MOHLTC "Do not Resuscitate Confirmation Form (DNR)" Order::

Location of DNR:

DNR #:

Other useful information

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