

There When You Need Us.



Nous sommes là pour vous.

MEDICAL INFORMATION SHEET

*Please keep a copy in a safe but accessible place in your home for Paramedics.

Name:	Date of birth:
Home address:	
Health Card number:	
Doctors' name:	Specialist names:
Medical conditions: ✎ ✓	
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Smoker
<input type="checkbox"/> Breathing problems explain:	<input type="checkbox"/> Cancers explain:
<input type="checkbox"/> Heart problems explain:	<input type="checkbox"/> Other medical conditions:
<input type="checkbox"/> Stroke	
<input type="checkbox"/> Seizures	
Diabetes: <input type="checkbox"/> use insulin <input type="checkbox"/> do not use insulin	
<input type="checkbox"/> Psychiatric	
Medications: ℞	Allergies:
Name:	

You may request assistance from your Doctor or Pharmacist to complete this form.