



# “COOL AID”



Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Health Card Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical History: (place a check mark beside all that applies)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Heart Attack (date of last) _____ | <input type="checkbox"/> Stroke                 | <input type="checkbox"/> Pace Maker              |
| <input type="checkbox"/> Angina                            | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Emphysema               |
| <input type="checkbox"/> Congestive Heart Failure          | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Implanted Defibrillator |
| <input type="checkbox"/> Asthma                            | <input type="checkbox"/> Seizures               | <input type="checkbox"/> Bleeding (ulcers)       |
| <input type="checkbox"/> Bronchitis                        | <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Osteoporosis            |

### Current Medication and Dosage: (prescribed)

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

### Allergies That You Have:

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

Once you have completed recording your medical history, place this report on the front of your refrigerator with the supplied magnet. Place the Thames EMS sticker on the upper left side of the main access door to your residence.

**PARAMEDICS WILL NEED THIS INFORMATION IF YOU ARE UNABLE TO COMMUNICATE AT THE TIME OF THE EMERGENCY.**

If you require additional “Cool Aid” medical information kits, or information on this or any other community program that Thames EMS offers, visit our Web site at [www.thamesems.com](http://www.thamesems.com) or call our Community Relations Coordinator at 679-5466 ext. 8