COUNTY OF LAMBTON

PARAMEDIC INFORMATION

LAMBTON COUNTY E.M.S. PARAMEDIC

"COOL AID" PROGRAM

Name: _____

Address: _____ Phone #: _____

Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Health Card #: _____ Date of Birth: _____/_____/_____

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

- ❑ Heart Attack (date of last) _____
- ❑ Angina
- ❑ Congestive Heart Failure
- ❑ Asthma
- ❑ Bronchitis
- ❑ Other (please specify) _____
- ❑ Stroke
- ❑ High Blood Pressure
- ❑ Diabetes
- ❑ Seizures
- ❑ Pace Maker
- ❑ Emphysema
- ❑ Implanted Defibrillator
- ❑ Bleeding (ulcers)
- ❑ Osteoporosis

Current Medication and Dosage: (prescribed)

_____

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Allergies That You Have:

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Once you have completed recording your medical history, place this report on the front of your refrigerator.

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 **Lambton EMS** offers, contact us at **(519) 882-3797 Ext. 245** or on-line at **www.lambtononline.com**

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