

# Springfield Ambulance Corps

# Pennsylvania Yellow Dot Program

If you call 911 for an emergency transport the crew will need to collect vital information. Complete this form, fold and tape it to your refrigerator. This will save time, and insure the crew and hospital receives the correct and up to date information about the patient. Copy this form for additional family members. Check the list of medications and patient conditions each time a medication is changed or added, or a medical condition changes. (This form can be downloaded and printed from Springfieldems.Com.)

<b>Name</b>	<b>Date Filled In</b>
<b>Address</b>	
<b>Phone</b>	<b>Date of Birth</b>
<b>SS#</b>	<b>Patient Doctor</b>
<b>Emergency Contact Name</b>	
<b>Phone</b>	<b>Address</b>

## Pertinent Medical History


## Allergies (Medications/ Foods/ Environmental)


## Current Medications


## Medical Insurance

<b>Insurance Company</b>	<b>Policy #</b>
<b>Medicaid #</b>	
<b>Medicare #</b>	

Check here if more information has been added to the back of this form