



# EMERGENCY MEDICAL INFORMATION



Complete this form and ATTACH IT TO YOUR FRIDGE. This information could help save your life in an emergency. PLEASE KEEP THIS INFORMATION UPDATED.  
Additional copies can be downloaded from [www.ambulance.act.gov.au](http://www.ambulance.act.gov.au) and printed.

FAMILY NAME.....

GIVEN NAMES.....

DATE OF BIRTH.....

ADDRESS.....

PHONE NUMBERS.....

PENSION OR HEALTHCARE OR DVA CARD NUMBER (if applicable)

.....

DOCTOR'S NAME.....

ALLERGIES.....

MEDICAL HISTORY.....

.....

.....

SURGICAL HISTORY.....

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**PLEASE ENSURE A CURRENT LIST OF YOUR MEDICATIONS IS AVAILABLE**

DO YOU REQUIRE AIDS TO SEE AND/OR HEAR? YES NO

IF YES, PLEASE LIST (for example glasses and/or hearing aids)

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DO YOU USE AIDS OR NEED ASSISTANCE TO MOBILISE? YES NO

IF YES PLEASE DESCRIBE.....

.....

**IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME:..... NAME:.....

PHONE (BH)..... PHONE (BH).....

PHONE (AH)..... PHONE (AH).....

ADDRESS..... ADDRESS.....

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ANY ADDITIONAL INFORMATION.....

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