

Castleton Volunteer Ambulance Service

Medical Information Record

The purpose of this **Medical Record** is to assist the emergency & ambulance personnel. This record provides us with a quick medical history and other information necessary to better serve you.

Please take this time to fill out the following information. Thank you for your cooperation in helping us, help you.

CASTLETON AMBULANCE EMERGENCY # 911 POISON CONTROL # 1-800-222-1222

NAME: _____ D.O.B. _____

ADDRESS: _____

PARENTS: _____

HOME # _____ WORK # _____ CELL # _____

PHYSICIAN: _____ PHYSN. PHONE # _____

PREFERRED HOSPITAL FOR TREATMENT: _____

PAST MEDICAL HISTORY (EX: ASTHMA, DIABETES, STROKE, C.O.P.D. ETC.)

ALLERGIES/INTOLERANCES: _____

CURRENT MEDICATIONS: _____

INSURANCE CARRIER: _____ POLICY # _____

DENTAL/OTHER COVERAGE: _____ POLICY # _____