Marine Corps Base Camp Lejeune Emergency Management
Individual Patient & Special Needs Dependent Information Form

Purpose: During an emergency it may be difficult to provide critical patient information to EMS and the ER. The purpose of this form is to optimize patient care by providing rapid and accurate patient information.

Directions: Patient information needs to be updated as medications or the patient's condition changes. This form should be available for easy access and provided to the paramedics in the event of an emergency.

Date Form Completed: _____

Patient/Dependent Name: _____ Phone: _____

Street Address: _____

Directions to Residence:

_____

_____

Age: _____ Gender: **M F (circle one)** Weight: _____

Patient Physician: _____ Phone: _____

Relative/Caregiver Name: _____ Phone: _____

Medical History: (circle Y for Yes or N for No)

Y N Seizures	Y N Heart attack	Y N Pacemaker
Y N Angina	Y N Heart Failure (CHF)	Y N Rapid heart rate
Y N High Blood Pressure	Y N Stroke	Y N Internal defibrillator
Y N Diabetes	Y N Dialysis	Y N Asthma
Y N Emphysema	Y N Chronic Illness	Y N Bronchitis
Y N Alzheimer's	Y N Pneumonia	

Y N Allergic reaction (specify): _____

Y N Cancer (specify): _____

Y N Aneurysm (specify): _____

Y N Surgeries (specify): _____

Y N Are you on oxygen (specify): _____

Y N Are you able to ambulate or assisted by wheel chair, or bed confined? _____

Y N Do you live alone or have assistance in the home? _____

Y N Do you use medical equipment in the home? _____

Other medical conditions? _____

Medicines (please list):

_____

_____

_____

Allergies:

Y N (**circle one**) Drug allergies (specify):

_____

Y N (**circle one**) Insect allergies: _____

Y N (**circle one**) Food/Other allergies: _____

Comments (Any other information that you feel would be important for medical care or disaster evacuation & sheltering):

_____

_____

_____

_____