

## **MEDICAL QUESTIONNAIRE FORM**

**The purpose of this form is to provide necessary information to responding Rescue personnel in the event that the patient is not able to answer pertinent questions.**

**This form should be filled out and placed on the refrigerator or another easy to find location such as a bedside nightstand.**

**This form should be updated any time there is a change in information such as medication, dosage, or diagnoses.**

**Once obtained by a T.F.R crew, the information is protected under Tequesta Fire Rescue's Privacy policy. Copies of our HIPPA policy can be provided upon request.**

**\*If you have a D.N.R. (Do Not Resuscitate) Please make sure the appropriate form is attached to this document. It must be an original on the yellow form to be honored. Rescue responders are not allowed to honor living wills; only completely filled out D.N.R. forms can be honored.**

**For any questions regarding the completion of this form, please feel free to contact Tequesta Fire Rescue at (561) 768-0550.**



# Tequesta Fire-Rescue Medical Questionnaire

Date completed: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Optional)

Date of Birth: \_\_\_/\_\_\_/\_\_\_

## **ALLERGIES:**


## **MEDICATIONS and DOSAGE:**


## **PAST MEDICAL HISTORY:** (Examples: High Blood Pressure, Heart Attack, Stroke, Diabetes, Dementia, Seizures, COPD, CHF, Diverticulitis, Cancer Etc.)


## **EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_