

# Quilt Camp - Emergency Patient Information Sheet

(For ambulance paramedics' use. One per sheet. Print legibly and update as needed)  
Please complete, fold and place inside an envelope. Print your name on the front of the envelope and give it to the Quilt Retreat Leader. It will be returned, unopened, at the end of retreat, if not needed.

Patient Full Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

## Current Medication list:

Name:	Generic Name:	Mg.	Dosage:	Taking for
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Current Conditions, e.g. Diabetes, COPD

Condition	Physician	City, ST Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical History:** (describe surgery procedures, outcome and year)

Surgery Procedure	Outcome	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach extra sheets if needed.

**Physicians**

Name:	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Hospital Preference:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Insurance Information:** Are you on Medicare?

\_\_\_\_\_ Do you have Medical Veteran Benefits? \_\_\_\_\_

Supplemental and/or Primary Insurance.

Company: \_\_\_\_\_

Claim-Address: \_\_\_\_\_

Authorization or Contact Phone: \_\_\_\_\_

