



Emergency Medical Packets

What is this? It is an *Emergency Medical Packet*. If you are a member of the Bella Vista Ambulance Service, you and each member of your household should have one of these filled out and placed visibly on the outside of your refrigerator. It contains important medical information about you. This information is needed by the EMS staff that answers and responds to your 9-1-1 call. The important information asked for is:

- **Current Medications** – If you are taking many medications – enter them into the computer, print out this list and insert it into the packet. This makes it easy for you to add/delete the medications as your physician may change your treatment.
- **Allergies** – The EMS Staff needs to know this so they do not treat you with a medication that may make the situation worse.
- **Past/Pertinent Medical History** – This is very important for the EMS Staff to know. If you are unable to communicate with them, a past history of diabetes, high/low blood pressure, etc. may give them an indication of what may be going on with you.

If you are having a heart attack or stroke this information is particularly important. In these situations seconds and minutes count. Valuable time may be lost if the EMS personnel and physicians have to search to find what medications you are taking. It is also very important this sheet is accurate and up to date.

The other information on the *Medical Information Sheet* is also important. Fill out the *Medical Information Sheet* completely so the EMS Staff will be able to assess your situation and treat you quickly and properly. Click on the Medical Information Sheet above to print out a new one for your packet. If you do not have a packet, call the **Bella Vista Ambulance Business Office** at **855-4454** and we will be happy to send you one.



Bella Vista Ambulance Services, Inc.

EMERGENCY MEDICAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

ARE YOU A MEMBER OF THE BELLA VISTA AMBULANCE SERVICE: _____

PRIMARY PHYSICIAN: _____ PHONE: _____

HOSPITAL OF CHOICE: _____ MERCY MEDICAL CENTER, ROGERS
_____ NORTHWEST MEDICAL CENTER OF BENTON COUNTY, BENTONVILLE

DO YOU HAVE A LIVING WILL/DNR: _____

WHERE IS IT KEPT: _____

LIST CURRENT MEDICATIONS: _____

LIST ANY ALLERGIES: _____

LIST PAST MEDICAL HISTORY: _____
