

**Monticello Fire Department**

**EMS Medical History Quick Reference Form**

Name:

Date Filled Out:

Address:

Doctor's Name:

Phone:

Doctor's Number:

**Current Illnesses**

(eg. Congestive Heart Failure)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**Past Medical Problems**

(eg. Past Heart Attack)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**Current Medications**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**Reason for taking each**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**List any Medication Allergies**

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

**Place this form into the "vial" that we provided you.**