



# PARAMEDIC INFORMATION



Once you have completed recording your medical history, place this report on the front of your refrigerator.

If you require additional "Cool Aid" medical information kits, or information on this or any other community program that LAMBTON EMS offers, contact us at (519) 882-2442 or email [EMSProgramSupport@county-lambton.on.ca](mailto:EMSProgramSupport@county-lambton.on.ca)

# “COOL AID” PROGRAM

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

POA(if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Healthcard # \_\_\_\_\_

## Medical History (place a check mark beside all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart Attack (date of last) _____ | <input type="checkbox"/> Stroke              | <input type="checkbox"/> Emphysema               |
| <input type="checkbox"/> Angina                            | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Implanted Defibrillator |
| <input type="checkbox"/> Congestive Heart Failure          | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Bleeding (ulcers)       |
| <input type="checkbox"/> Asthma                            | <input type="checkbox"/> Seizures            | <input type="checkbox"/> Osteoporosis            |
| <input type="checkbox"/> Bronchitis                        | <input type="checkbox"/> Pace Maker          |  |
| <input type="checkbox"/> Other (please specify) _____      |  |  |

## Current Medication and Dosage (prescribed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Allergies That You Have \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARAMEDICS WILL NEED THIS INFORMATION IF YOU ARE UNABLE TO COMMUNICATE AT THE TIME OF THE EMERGENCY.**

**TO CONNECT TO THE COMMUNITY PARAMEDIC PROGRAM CALL 519-328-1179**



**Speak to a Community  
Navigator  
519-336-3000**

Scan here to explore

