



**PUGET SOUND
REGIONAL FIRE AUTHORITY**
INTERNATIONALLY ACCREDITED FIRE AGENCY



Dear Resident,

Providing the highest quality of emergency medical assistance is top priority for Puget Sound Fire. This includes not only responding to your calls for help, but also providing you with information that can help to improve the quality of your life, and tools that can help you help us in your time of need.

Each time we respond to a 911 request for medical assistance, it is vital that we access relevant personal medical information to best manage the underlying cause of your need for assistance. The information includes details about your identification, current medications, medical conditions, major operations, allergies, physicians, emergency contacts, and if desired, a POLST or Do-Not-Resuscitate (DNR) directive.

The enclosed **Emergency Medical Information Sheet (EMIS)** will provide the first responders the necessary information to best assist you when you are unable to provide that in an emergency. Once you complete this form, please place it in a kitchen cabinet (or other obvious location like the refrigerator) and attach the included **CARES sticker** on the outside of the cabinet or in a clearly visible spot near the information. If some of the information on your EMIS often changes, you may want to complete those portions in pencil. This will make updating the information easier for you. Puget Sound Fire employees can answer any of your questions about how to fill out the information sheet. Please call (253) 856-4300 if you need assistance.

Puget Sound Fire wants to provide you with the best possible service during an emergency. Here are some things you can do to help us:

- Fill out the Emergency Medical Information Sheet with your personal medical information. Use pencil for information that changes frequently.
- Put the completed forms in an obvious location (i.e. kitchen cabinet or refrigerator) and place a CARES sticker in a clearly visible spot to identify the location.
- Read the information sheet about the Physician Orders for Life-Sustaining Treatment (POLST) form.
 - A POLST form provides specific information about the type of care you want or do not want when you are unable to advocate for yourself due to a medical emergency.
 - Talk to your family and your doctor about the POLST form. The form is voluntary, but you need to get it from your doctor and have them sign it if you choose not to be revived.

We hope that you stay healthy and never need our help. But if you do, the EMIS and the POLST form will help us provide you with the most efficient and highest quality care that we can.

If available, please attach your POLST or EMS-NO-CPR advanced directives paperwork to this included Emergency Medical Information Sheet.

Professionally and compassionately helping people.



EMERGENCY MEDICAL INFORMATION SHEET (EMIS)

Legal Name _____ **Today's Date** _____

Preferred Name _____ **Date of Birth** _____ **Age** _____

Sex at Birth M / F **Gender Identity** _____ **Preferred Pronouns** _____

Emergency Contacts and Notification Authorization *Puget Sound Fire and/or FD CARES has permission to notify these people of my medical condition, transport destination, and how long I may be gone:*

_____	_____	_____
Name and Relationship	Primary Phone #	Secondary Phone #
_____	_____	_____
Name and Relationship	Primary Phone #	Secondary Phone #
_____	_____	_____
Name and Relationship	Primary Phone #	Secondary Phone #

Doctors

_____	_____	_____	_____
Name	Phone	Specialty	Clinic/Hospital
_____	_____	_____	_____
Name	Phone	Specialty	Clinic/Hospital
_____	_____	_____	_____
Name	Phone	Specialty	Clinic/Hospital
_____	_____	_____	_____
Name	Phone	Specialty	Clinic/Hospital

Relevant Medical History *(Health issues, illnesses, current problems, operations, etc.)*

(Please complete additional medical information on back)

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Other Medical Information _____

Current Prescribed Medications *Location(s) (i.e. kitchen/bathroom)* _____

Name of medication	Reason for taking	Doctor and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any additional medications here _____

Allergies to Medications _____

Does your doctor need to be notified **immediately** if you are transported to a hospital? **NO** **YES**

Does your insurance require you to go to a specific hospital in **non-life-threatening** emergencies?

NO **YES** *(which hospital?)* _____

Is there "EMS-NO-CPR" or "POLST" paperwork? **NO** **YES** *(location)* _____

Signature _____ **Date** _____

Printed Name _____

*If you have any questions or would like additional forms, please contact Puget Sound Fire at (253) 856-4300.
Forms are available at all Puget Sound Fire stations online at pugetsoundfire.org > resources.*

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