



KENT COUNTY OFFICE OF EMERGENCY SERVICES

MEDICAL INFORMATION



Dear Resident:

After you call 911, we know that life-threatening emergency medical information is difficult to remember, or you might be alone and unconscious or unable to provide valuable information. With your well-being in mind, we ask that you help us by filling out this form. We ask that you update the information requested as your medical needs change and duplicate this form as necessary. Please fill in information for each person residing in your home. PLACE THIS FORM IN A PLASTIC ZIPPER BAG IN THE FREEZER COMPARTMENT OF YOUR REFRIGERATOR.

Person # 1

Last Updated \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-

In Case of Emergency Notify: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-

Medical History

- Cardiac
- Hypertension
- Respiratory
- Diabetes
- Seizure Disorder
- CVA/Stroke
- Cancer

Other Conditions (please list below):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Orders for Life Sustaining Treatment

MOLST:  Attempt CPR

No CPR Options:

- A-1  A-2  B
- Intubate      Do NOT Intubate      Palliative

**If DNR/MOLST orders are in effect, please place a copy in the bag with this form.**

Location of your medications within your home: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Please put Additional information on the back of this form.

**Person # 2**

Last Updated \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical History**

**Medical Orders for Life Sustaining Treatment**

- Cardiac
  - Hypertension
  - Respiratory
  - Diabetes
  - Seizure Disorder
  - CVA/Stroke
  - Cancer
- Other Conditions (please list below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOLST:**     **Attempt CPR**

**No CPR Options:**

- A-1**  
Intubate
- A-2**  
Do NOT Intubate
- B**  
Palliative

**If DNR/MOLST orders are in effect,  
please place a copy in the bag with this  
form.**

Location of your medications within your home: \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

Please put Additional information on the back of this form.

For More Information: Visit the Kent County Office of Emergency Services website at

<https://www.kentcounty.com/oes/ems> or contact us at the below

address: Kent County Office of Emergency Services 104 Vickers Drive, Unit D

Chestertown, Maryland 21620

Non-emergency phone: (410)778-1241

Email: KentOES@kentgov.org