Leeds Grenville Emergency Medical Services

Print this card following the instructions provided, fill it out, and keep it in your wallet or purse. Doing so will enable health care professionals to serve you better in case of emergency.

cut along outside edge

Existing medical problems:

Heart:
☐ Angina ☐ High Blood Pressure
☐ Congestive Heart Failure (CHF)
☐ Heart Attack ☐ Pacemaker
☐ Implanted Defib ☐ Stroke
☐ Transient Ischemic Attack (TIA)

Lungs:
☐ Asthma ☐ Emphysema ☐ Bronchitis

Other conditions:
☐ Alzheimer's ☐ Aneurysm ☐ Anaemia
☐ Epilepsy ☐ Haemophilia ☐ Kidney
☐ Diabetes controlled by: ☐ Diet ☐ Meds

Disabilities or other considerations:

Current Medications:

drug name	dose	frequency

Allergies to Medications:

Medical History:

Other Notes:

fold here

In Case of Emergency (ICE)

contact 1: _____
relationship: _____
city: _____
day phone: (___)___-___
night phone: (___)___-___
cell phone: (___)___-___

contact 2: _____
relationship: _____
city: _____
day phone: (___)___-___
night phone: (___)___-___
cell phone: (___)___-___

http://www.uclg.ca

Personal Information:

name: _____
address: _____
_____
city: _____
postal code: _____
home phone: (___)___-___
OHIP (health)#: _____

Family Doctor:

name: _____
address: _____

phone: (___)___-___

This card should be kept up to date, and carried in your wallet at all times. This information is vital to medical professionals in the event that you require emergency medical treatment.

In Case of Emergency (ICE)

Police • Fire • Ambulance
911 in any language

fold here

Instructions:

cut along the dotted line
fold along the inside edge
fill out the information
fold in three panels
keep in your wallet and carry with you