Hamilton Paramedic Service

MY MEDICAL INFORMATION SHEET

Confidential When Complete

"Speaking for you, when you cannot speak"

Personal Information

Name: _____ Last Revised: _____

Address: _____ HCN (OHIP): _____

Phone: _____ Date of Birth (DDMMYY): _____ Blood Type: _____

Age: _____ Height: _____ Weight: _____ lbs/kg _____

Doctor's Name: _____ Doctor's Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Medical Information

List any allergies: _____

☐	I have had a heart attack	☐	I have emphysema
☐	I have a heart pacemaker	☐	I have chronic bronchitis
☐	I have an irregular heart beat	☐	I have COPD
☐	I have an implanted defibrillator	☐	I have pulmonary fibrosis
☐	I have angina	☐	I smoke regularly
☐	I have heart failure	☐	I have/had cancer
☐	I have heart palpitations	☐	I am on home care
☐	I had my heart shocked to slow it down	☐	I am a Community Paramedic client
☐	I have/had an aneurysm	☐	I am a palliative care patient
☐	I have high blood pressure	☐	I am in the Remote Patient Monitoring program
☐	I have had a stroke	Other:	
☐	I have epilepsy/seizures		
☐	I have diabetes		
☐	I have Addison's syndrome (adrenal failure)		
☐	I have renal failure (on dialysis)		

This form should be updated as required OR reviewed twice per year for accuracy
Give a copy to the Paramedics when they arrive
To obtain more copies visit:
https://www.hamilton.ca/emergency-services/paramedics/medical-emergency-information-program

Hamilton Paramedic Service

MY MEDICAL INFORMATION SHEET

Confidential When Complete

"Speaking for you, when you cannot speak"

Please remember to attach a current medication list

Pharmacy Name & Number:

Drug Name	Dose	How often

Legal Information

Power of Attorney for Personal Care:

☐ I have an Ontario MOHLTC "Do not Resuscitate Confirmation Form (DNR)" Order::

Location of DNR:

DNR #:

Other useful information:

This form should be updated as required OR reviewed twice per year for accuracy
Give a copy to the Paramedics when they arrive
To obtain more copies visit:
https://www.hamilton.ca/emergency-services/paramedics/medical-emergency-information-program

Medical Information Sheet

Confidential When Completed

Hamilton Paramedic Services is permitted to collect the personal health information on this form, in its capacity as a health care practitioner, under the Personal Health Information Protection Act, 2004 and the Ambulance Act (as amended). The personal health information will be used by the Hamilton Paramedic Services to assist in providing you with care in the event of an emergency. If you have questions regarding this collection, please contact the Hamilton Paramedic Services, Privacy Officer, 1227 Stone Church road East, Hamilton, Ontario, L8W 2C6