



**ST. PETERSBURG FIRE & RESCUE
TELEMEDIC PROGRAM
MEDICAL SERVICE INFORMATION**



NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

AGE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

DO YOU HAVE A DNR? YES OR NO IF yes, attach yellow copy

MEDICAL HISTORY: Please check all that apply: NONE

CARDIAC PACEMAKER CONGESTIVE HEART FAILURE C.O.P.D CVA

RESPIRATORY SEIZURES DIABETES INSULIN HIV HEPATITIS

CANCER HIGH BLOOD PRESURE

OTHER MEDICAL PROBLEMS: _____

MAJOR SURGERIES: _____

MEDICATIONS: (additional medications on back)

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

ALLERGIES: _____

PATIENT'S DOCTOR: _____ PHONE#: _____

HOSPITAL PREFERENCE: _____

EMERGENCY CONTACT: _____ PHONE#: _____

INSURANCE INFORMATION:

Insurance Name: _____ ID#: _____ Group#: _____

Medicare#: _____ Medicaid#: _____

In case of emergency, dial 911. For more information regarding our Safety and Prevention programs or to obtain more of these forms, please call 893-7726 or log onto www.stpete.org and click on city services, public safety, Fire & Rescue, Life Safety Services and then Telemedic.

Our Mission:

St. Petersburg Fire & Rescue is committed to serve all citizens of our community by promoting, protecting, and improving their health, safety, and quality of life through exceptional emergency service and education.