



NOKOMIS VOLUNTEER FIRE DEPARTMENT

Medical Information

(please attempt to answer all questions that are preceded by a *)

*Patients Name: _____

*DOB: ____/____/____ Age: _____ Local Doctor: _____

*Allergies: NONE Morphine Lidocaine Asprin Antibiotics Other Medications

COLLECT ALL OF THE PATIENTS MEDICATIONS

VITAL SIGNS

Time: _____

Pulse: _____

B/P: _____

Respirations: _____

SA O 2 _____

LIVING WILL YES NO

DNRO YES NO

Phone Number: _____