

# MANSFIELD FIRE RESCUE

1305 E. Broad St.  
Mansfield, Texas 76063-1732

(817) 276-4790  
Fax (817) 276-4787



First Name:				Last Name:			
Address							
City			State		Zip Code		
Social Security Number				Phone			
Native language if not English:						Able to speak (circle one) Yes No	
Date of Birth	Male/Female	Height	Weight	Hair Color	Eye Color	Blood Type	Religion
Doctor's Name:				Doctor's Phone:			
Hospital preference:				Have you been a patient there? (circle one) Yes No			
Medicare #:		Other health insurance:			Policy #		

**Medical Information:** Check all that apply

<input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> AIDS	<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Dentures
<input type="checkbox"/> Seizures	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Dementia	<input type="checkbox"/> Low Vision
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hearing aids
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Hard of hearing				
<input type="checkbox"/> Additional Care (list):						
Current medications/Dose						
Allergies to Medication: ( Y/N ) if yes please identify:						
Allergies to Food: ( Y/N ) if yes please identify:						
Do you have an Advance Directive or DNR? (circle one) Yes / No If yes where is it?						

**Emergency Contacts:**

Name	Relationship:	Phone
Name	Relationship:	Phone

I certify that the information on this form is accurate and up-to-date. I also understand that emergency personnel may rely on this information and I agree not to hold emergency personnel responsible for inaccurate or out of date information.

SIGNATURE (REQUIRED) \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_