

COUNTY OF ORANGE, CA HEALTH CARE AGENCY EMERGENCY MEDICAL SERVICES AGENCY EMERGENCY INFORMATION

Name		Date form completed	lInitials	<u> </u>
Home Address		Revised	Initials	i
		Revised	Initials	<u> </u>
Emergency contacts		Birth date		
Name (relationship)/phone:		Home phone		
1		2		
Primary care physician		Phone	Fax	
Specialty physician)		Phone	Fax	
Specialty physician			Fax	
Anticipated Primary ED				
DNR form completed:	yes no	Pacemaker type and	settings:	
Diagnoses		Allergies		
1		1		
2				
3				
4		4		
Synopsis				
No. Program				
Medications 1	2.		3	
4.			6	
Significant baseline physical fine	dings		<u>. </u>	
	•			
Cignificant baseline encillant fin	dingo (lob. rodiography	ECC).		
Significant baseline ancillary fin	dings (lab, radiography	, ECG):		
Medications to be avoided	and why:			
1	•			
2				
3 Procedures to be avoided	and why:			
1				
2				
3				
Antibiotic prophylaxis				
Indication				
Medication and dose:				
medication and dose.				
Common presenting problems/fi Problem		ggested managements sted Diagnostic Studies	Suggested Treatment	
	Jugge.	otos Diagnostio Otaales	Caggostoa Heatment	
Comments on child, family, or other	specific medical issues:			
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