



Riverdale Hatzalah Volunteer Emergency Medical Service

3700 Independence Avenue, Bronx, New York 10471
www.RiverdaleHatzalah.org / info@RiverdaleHatzalah.org

24-hour Emergency Dispatch: (718) 230-1000

Emergency Patient Information Form *Instructions*

Dear Community Member,

In an emergency, every second counts. When you call Hatzalah's emergency number, our trained EMTs and Paramedics will respond rapidly to your home to begin treating your loved one. You will be asked to immediately produce detailed medical information that might be difficult to locate, especially under stressful conditions.

To make this process easier, we ask that you take a few minutes to complete the enclosed "Emergency Patient Information Form" that will be used by Hatzalah's emergency responders when they arrive at your home.

Please take a few minutes to complete this form for **every member of your household** and **keep this form on your refrigerator** or another easily-accessible location. Below is a brief overview of the contents of the form.

- **Patient Identifying Information:** This is your basic information. Your name, date of birth, social security number, and insurance details are used by the hospital to register you and locate your past medical history.
- **Medical History.** Your medical history helps us treat you effectively. All information is kept strictly confidential. Please include dates of diagnosis (for example, "Heart Attack in June 2017"). Also, please ensure your medication list is updated regularly.
- **Please also include old EKGs or other helpful information.** For example, if you have been recently discharged from the hospital, please include your discharge paperwork with this packet. If you visit the doctor's office and they record an EKG, please ask for a copy and include it with this packet – old EKGs are helpful for paramedics to diagnose new cardiac problems.
- Additional copies of this form are available at www.RiverdaleHatzalah.org/forms.

Thank you for partnering with Hatzalah to protect your family!



Riverdale Hatzalah Volunteer Ambulance
HATZALAH EMERGENCY PHONE # 718-230-1000



Emergency Patient Information Form

Please Write Legibly and Post on Your Refrigerator

Full Legal Name		Date of Birth
Blood Type	Social Security #	Emergency Contact (name, number)
Health Insurance Carrier and Policy #		Preferred Hospital

Past and Current Medical History: Please include dates of diagnosis, where applicable.

(ex. "stroke in 1994, gallbladder removed in 2001, heart attack in June 2017, high blood pressure").

Current Medications: Please list prescriptions first, then over-the-counter medications.

Allergies: Please include allergies to medications or food.
