



EMS Alert

Irondequoit Ambulance
2330 Norton Street
Rochester, NY 14609
585-544-5112

Call 911 for an Ambulance

GENERAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____

Phone#: _____

Hospital: _____

Doctor: _____

Phone #: _____

Doctor: _____

Phone #: _____

EMERGENCY CONTACTS

Name: _____

Phone #: _____

Address: _____

Name: _____

Phone #: _____

Address: _____

Do You have an Advanced Directive or Health Care Proxy?
() No () Yes Where is it located? _____
A DNR or MOLST form must be present for EMS to follow wishes

MEDICAL INSURANCE

Medical Insurance Carrier: _____

Policy #: _____

2nd Insurance: _____

Policy #: _____

Medicare #: _____

Medicaid #: _____

Cardiac Bypass

Other Heart

Problems: _____

 Cancer (Please specify where and if
you've had a mastectomy, which side): _____

 Surgeries: _____

 Other Medical Conditions: _____

ALLERGIES

Penicillin

Sulfa

Aspirin

Food: _____

Environmental: _____

*Please specify reactions to all
of the above*
