

EMS CARE FORM



NAME

FOR LIFE-THREATENING EMERGENCIES: CALL 911.

COMMUNITY RESOURCES

Sauk County Crisis Helpline
(800) 533-5692
Domestic Violence / Sexual Assault Helpline
(800) 584-6790

Caregiver Outreach Program Helpline
(833) 572-1599

Wisconsin Farmer Wellness Helpline
(888) 901-2558

StrongHearts Native American Helpline
(844) 762-8483

Natural Disaster Emotional Distress Helpline
(800) 985-5990

Alzheimer's Association Wisconsin Helpline
(800) 272-3900

Vets4Warriors Military Peer Support Helpline
(855) 838-8255

Wisconsin 211 is a free and confidential connection to local services, such as utilities, housing, food, elder care, crisis intervention, alcohol and other recovery services, and more. Call 211 or go to 211wisconsin.communityos.org

SUICIDE AND CRISIS LIFELINE: CALL 988

INSTRUCTIONS

In an emergency, this form can speak for you. It reduces stress and allows loved ones to focus on being with you, rather than answering questions.

-One form per member of the household.
-Use a pencil to allow for easy updates.
-Complete as fully and accurately as possible.
-Review twice a year when changing your clocks and checking your smoke detectors.
-Place on your refrigerator or attach to the inside of your far-right upper kitchen cabinet.
-Include the following documents* if applicable:
☐ DNR / DNI
☐ POLST
☐ Advance Directive
☐ Hospice Care Plan
☐ Active Power of Attorney for Health Care

***If not available, your wishes may not be honored!**

Need assistance with this form?

Baraboo Area Fire & EMS District

Office Phone: 608.356.3455

info@baraboofireandems.com

www.baraboofireandems.com

135 4th Street, Baraboo, WI 53913

Scan the QR code for a fillable PDF and other resources.
Escanee el código QR para formulario en español.



CONTACT INFORMATION

UPDATED (MM/YYYY):

First Name: _____ M.I. _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Sex: _____ Gender: _____

Address: _____

Phone Number: (_____) _____ Primary Language: _____

MEDICAL HISTORY☐ No known medical conditions.**HEART**

- ☐ A-Fib, Irregular Heartbeat
- ☐ CHF, Heart Failure
- ☐ Heart Attack Date(s): _____
- ☐ Heart Surgery / Bypass / Stent
- ☐ Pacemaker Brand: _____

LUNGS

- ☐ Asthma / COPD / Emphysema
- ☐ Laryngectomy
- ☐ Supplemental Oxygen: _____

METABOLIC / ENDOCRINE

- ☐ Adrenal Insufficiency
- ☐ Diabetes / Insulin-dependent
- ☐ Pheochromocytoma / Insulinoma
- ☐ Kidney Disease / Failure
- ☐ Dialysis: _____
- ☐ Liver Disease / Failure
- ☐ Thyroid Disorder (High / Low)

NEUROLOGICAL

- ☐ Alzheimer's, Dementia
- Deficits: _____
- ☐ Parkinson's Disease
- ☐ Schizophrenia
- ☐ Seizure Disorder
- ☐ Stroke / TIA (mini-stroke):
- Deficits: _____

OTHER

- ☐ Cancer: _____
- ☐ Clotting Disorder
- ☐ Hypertension, High Blood Pressure
- ☐ Impairment (Hearing / Speech / Vision)
- Deficits: _____
- ☐ Narrow-angle Glaucoma

☐ Additional list attached.**MEDICATIONS**☐ No current medications.☐ **Anticoagulant:** *Warfarin, Eliquis, Xarelto, etc.*☐ **Antidepressant:** *Sertraline, Wellbutrin, etc.*☐ **Anti-Parkinson Agent:** *Amantadine, Sinemet, etc.*☐ **Beta-blocker:** *Metoprolol, Atenolol, etc.*☐ **Calcium Channel Blocker:** *Verapamil, Diltiazem, etc.*☐ **Insulin:** *Humulin R, Lantus, etc.*☐ **Long-term Steroid Use:** *Prednisone, etc.*☐ **Pain Medication:** *OxyContin, Morphine, etc.*☐ **PDE5 Inhibitors** (e.g., erectile dysfunction, Raynaud's syndrome): *Sildenafil, Cialis, etc.*

- ☐ Buprenorphine ☐ Carbamazepine
- ☐ Digoxin ☐ Dipyridamole ☐ Lisinopril
- ☐ Methylxanthines ☐ Nitroglycerin

☐ Additional list attached.**ADVANCE CARE PLAN**Paperwork **MUST** be included.

- ☐ DO NOT RESUSCITATE (**DNR**)
- ☐ DO NOT INTUBATE (**DNI**)
- ☐ POLST ☐ ADVANCE DIRECTIVE
- ☐ HOSPICE AGENCY NUMBER: (_____) _____

EMERGENCY CONTACTS**Primary Contact**

Name: _____

Relationship: _____

Phone: (_____) _____

☐ Active Power of Attorney for Health Care
_____**Secondary Contact**

Name: _____

Relationship: _____

Phone: (_____) _____

☐ Active Power of Attorney for Health Care**ALLERGIES AND REACTIONS**☐ No known allergies.**Antibiotic** ☐ Reaction ☐ Anaphylaxis**Aspirin** ☐ Reaction ☐ Anaphylaxis**Contrast Dye** ☐ Reaction ☐ Anaphylaxis**Lidocaine** ☐ Reaction ☐ Anaphylaxis**NSAIDS** ☐ Reaction ☐ Anaphylaxis**Opioids** ☐ Reaction ☐ Anaphylaxis☐ Additional list attached.