



Region of Waterloo "M.E.D.I.C." PROGRAM

Medical Emergency Data Information Card



Name _____
Address _____ City _____
Phone _____ Date of Birth _____
Health Card # _____ Version Code _____
Doctor _____ Phone _____

Medical Conditions (check all that apply)

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Heart Attack (MI) | <input type="checkbox"/> Angina | <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Implanted Defibrillator | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding (ulcers) |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Alzheimer's | | |

Other _____

Medications (list medications below or place current medication list with this card)

Allergies _____

DNR YES NO **Location** _____

Emergency Contact _____ **Phone** _____

Once completed place card with your prescription medications in an accessible location.

PARAMEDICS WILL NEED THIS INFORMATION IF YOU ARE UNABLE TO COMMUNICATE AT THE TIME OF EMERGENCY

If you require additional M.E.D.I.C. cards or information on this program that the Region of Waterloo Paramedic Services offers, contact us at 519-575-4400 or email PSVinfo@regionofwaterloo.ca