



# EMAIL

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Medical history (high blood pressure, seizures, diabetes, etc.) \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Primary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

What is your first choice of an emergency hospital?      Atrium Medical Center      U C Health West Chester  
Hospital      The Christ Hospital Medical Center – Liberty Township      Kettering Health Network – Middletown  
Cincinnati Children’s Liberty Campus.

What is your second choice of an emergency hospital?      Atrium Medical Center      U C Health West Chester  
Hospital      The Christ Hospital Medical Center – Liberty Township      Kettering Health Network – Middletown  
Cincinnati Children’s Liberty Campus.

Do you have an Advance Directive in place?      Yes      No      If yes, is it readily available?      Yes      No

**If you are conscious, alert, and stable, Monroe emergency medical personnel (EMS) will transport you to your choice of emergency hospitals. If you are critical, EMS will advise you of the capabilities of each hospital. If you are unconscious/unresponsive or experiencing a life-threatening emergency, EMS will transport you to the closest, appropriate medical facility.**

This form should be sent to the attention of Community Paramedic Aaron Vance. Mail: P. O. Box 330, Monroe, Ohio 45050. Fax: 513-539-3111. Email: [vancea@monroehio.org](mailto:vancea@monroehio.org). Questions call: 513-539-7374 extension 1303.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date