

“COOL-AID” Program

Name: _____

Address: _____ Phone #: _____

Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Health Card #: _____ Date of Birth: ____/____/____

Medical History:

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Stroke / T.I.A. |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Implanted
Defibrillator | (Trans Ischemic Attack) |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Pace Maker | <input type="checkbox"/> Bleeding (ulcers) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> COPD (Chronic Obstructive
Pulmonary Disease) | <input type="checkbox"/> High Blood
Pressure | <input type="checkbox"/> Cancer – where?
_____ |
| <input type="checkbox"/> Other health concerns: _____ | | |

Disability: Visual Hearing Mobility

Other Physical Disability _____

Current Medication and Dosage: (attach to other side if more room needed)

Allergies that you have:

Do Not Resuscitate Order (DNR) YES NO Identification #: _____

- **Once you have completed recording your medical history, place this report on the front of your refrigerator.**
- **Paramedics will need this information if you are unable to communicate at the time of emergency.**

If you require additional “Cool-Aid” medical information kits, or information on this or any other community program that **Perth County Paramedic Services** offer, please contact us at **(519) 271-0531 ext. 520** or on-line at **www.perthcounty.ca**

Information

Paramedic



HOUSEHOLD SAFETY TIPS!

- Keep all medications secure. Take outdated medications to your pharmacy for disposal.
- Post the emergency numbers and your street address by your telephone.
- Have a lighted number on your residence visible from the street.
- Always keep the steps, sidewalk and driveway clear of snow and obstructions.