



City of Bella Vista Fire & EMS

EMERGENCY MEDICAL INFORMATION

NAME: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

PRIMARY PHYSICIAN: _____ PHONE: _____

HOSPITAL OF CHOICE: _____ MERCY MEDICAL CENTER, ROGERS
_____ NORTHWEST MEDICAL CENTER OF BENTON COUNTY, BENTONVILLE

DO YOU HAVE A LIVING WILL/DNR: _____

WHERE IS IT KEPT: _____

*LIST CURRENT MEDICATIONS: _____

*LIST ANY ALLERGIES: _____

*LIST PAST MEDICAL HISTORY: _____

If you have a long list of medications and allergies and/or a long medical history; please type or hand print and attach your list and history to the information form.

Register your medical and other important information at Smart911.com for FREE