



**Confidential!**

**Contains Personal Protected Information**

**Please Safeguard**

Date Updated:	By: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Medical Staff <input type="checkbox"/> EMS <input type="checkbox"/> Other
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First Name:	Middle:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	Work Phone #:
D.O.B.:	Social Security #:	

**Insurance Information**

**Primary Insurance:**

Company Name:		
Subscribers Name:		
Group #:	Policy #:	
Address:		
City:	State:	Zip Code:

**Secondary Insurance:**

Company Name:		
Subscribers Name:		
Group #:	Policy #:	
Address:		
City:	State:	Zip Code:

**Emergency Contacts**

**Primary Contact:**

Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	Work Phone #:

**Secondary Contact:**

Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	Work Phone #:

Provided Courtesy of Jeff Gewertz, Paramedic, Lancaster EMS

[www.lemsa.com](http://www.lemsa.com)

Emergencies 9-1-1

Non Emergencies: (717) 392-8887



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**Medical History**

Primary Care Physician:
Specialist(s):
Past Medical History:
Past Surgeries:
Medications:
Allergies:

**Hospital Preference:**

- Lancaster General Hospital                       Lancaster Regional Hospital  
 Heart Lancaster Regional Hospital             Other: \_\_\_\_\_

**End of Life Paperwork:**

- Living Will                       Do Not Resuscitate (DNR)                       POLST

If you have checked any of the above, please attach a legible copy of the paperwork.