



Galway Emergency Medical Services

2175 Galway Road

Galway, New York 12074

Station – 518-882-1234 Fax – 518-882-1235

MEDICATION LIST & HISTORY INFORMATION

Patient Name: _____ Date: ___ / ___ / ___

Patient Address: _____

Patient DOB ___ / ___ / ___ Home Telephone Number: (____) _____

PATIENT INFORMATION SUPPLIED BY: PATIENT / OTHER: _____

Emergency Contact: _____ Telephone: (____) _____

PRIMARY CARE PHYSICIAN: _____

SPECIALITY CARE PHYSICIAN: _____

PRESENT MEDICAL HISTORY: _____

PAST MEDICAL HISTORY: _____

DIRECTIVE WISH FORMS: LIVING WILL MOLST DNR HEALTH CARE PROXY

(PLEASE CIRCLE ALL THAT APPLIES)

!!!PLEASE KEEP THIS FORM AND YOUR DIRECTIVE WISH FORMS INSIDE A PLASTIC BAG AND PLACE INSIDE YOUR KITCHEN FREEZER DOOR !!!

****IF YOU HAVE ANY QUESTIONS CONTACT US AT 518-882-1234****

Drug Name	Dose mg.mcg.	Medication Is Used For	When Do I Take and How Much				Did I Take Medication
			Morning	Noon	Evening	Bedtime	
Example: Atenolol	50mg.	Hypertention				X	Yes

ALLERGIES:
