EMERGENCY RESCUE SQUAD INFORMATION

Are you ready for the ambulance?

Providing the following information will *help us help you*.

Calling 911 for a Blacksburg Volunteer Rescue Squad ambulance means that the patient or family desires an ambulance due to a medical emergency for transport to Lewis Gale Hospital-Montgomery emergency department.

atient's Name:		Age:		
Date of Birth: Social Security # (Opt.)				
Medicine	Medical Condition	Dose	Frequency	
Current Pertinent I pressure, heart prob 2) 3) 4)	(s): 1) 2) Wedical History: (such as plems, lung problems, etc.	s diabetes, h	igh blood	
	o medications, foods, b	ee stings, la	atex, etc:	
mportant Contact	Names & Numbers (fam	nily/friends)	:	
	(continue on back)		

Does the patient have a DNR (Do Not Resuscitate) Form?

- 1) Please have the DNR Form (or a copy) available if "yes.
- 2) The form has to be signed by the patient (or the patient's durable power of attorney) and a physician.

Special Needs:

Provide information in the space below regarding any special phys emotional needs of the patient which will assist us in making the pa	
experience as comfortable as possible.	

Non-emergency Medical Transport:

Our service is for emergencies only. A private medical transport company is an appropriate option if you need transportation to a doctor's office for an appointment or to the hospital for testing that is a <u>non-emergency</u>. Some insurance companies may pay the cost for this non-emergency medical transport. It is the patient's responsibility to verify this with their insurance provider. Some private companies serving this area are:

AMR	1-888-267-7828
Carilion Clinic Patient Transport	540-345-7628
First Call Ambulance Service	540-986-2030
Logisticare (Medicare Taxi)	866-679-6330
Richardson Ambulance Service	276-783-4357

Make several blank copies of this form. After you have completed the form, make extra copies to have available to give the rescue squad.



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