



HARMONY FIRE DEPARTMENT
PATIENT INFORMATION FORM
 194 Putnam Pike Harmony RI 02829
 (401) 949-1188



NAME:		DATE OF BIRTH:	
ADDRESS:		UNIT/APT:	
CITY/TOWN:		ZIP CODE:	
PHONE:			
EMERGENCY CONTACT:		PHONE:	RELATIONSHIP:
PRIMARY CARE PROVIDER:		PHONE:	

ANEMIA	HEPATITUS (A) (B) (C)	ABLATION
AORTIC ANEURYSM	HERNIA	APPENDECTOMY
ASTHMA	HYPOTENSION	AMPUTATION
ATRIAL FIBRILLATION	HYPOTHYROIDISM	BRAIN SURGERY
BLINDNESS (L.Eye) (R.Eye)	HIGH CHOLESTEROL	CORONARY ARTERY BYPASS GRAFT
CAD (CORONARY ARTERY DISEASE)	IRREGULAR HEART RATE	CARDIAC PACEMAKER
CARDIAC ARREST	MI/HEART ATTACK	CARDIAC DEFIBRILLATOR
CANCER Type:	MRSA Location:	CATARACT SURGERY (L) (R)
CONGESTIVE HEART FAILURE	SEIZURES	CHOLECYSTECTOMY
COPD	SYNCOPE/FAINTING	CAROTID ENDARTERECTOMY
COVID 19	VRE	HIP REPLACEMENT (L) (R)
CVT/TIA Deficit:		HYSTERECTOMY
DIABETES Insulin: (Y) (N)	OTHER	KNEE REPLACEMENT (L) (R)
EMPHYSEMA		MASTECTOMY (L) (R)
FALLS		PCI
RECENT TRAUMA		PROSTATECTOMY
GERD/GASTRIC REFLUX		TUBAL LIGATION
GOUT		
HYPERTENSION		

ALLERGIES:
ALLERGIES TO MEDICATION:

MEDICATION	DOSE	FREQUENCY	MEDICATION	DOSE	FREQUENCY