**NTMBC Health Form 2014**

|  |  |
| --- | --- |
| Name: | Address: |
| Emergency Contact : | Number: |
| Allergies:  | Primary Doctor/Number: |

**Brief Medical History**: Ex. I have High blood pressure, I had a stroke in 1992, I have a pacemaker (89), I have mitral valve prolapse, I have asthma, etc. Please use the space provided.

**Medications**: Name, Dosage, and Amount taken daily. Ex. Lasix 40 mg three times a day

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Hospital of choice to be transported to: Please check 1st choice. Please note that in some emergency situations patients are transported to the closest facility.**

\_\_\_Wake Med Raleigh

\_\_\_Wake Med Cary

\_\_\_Johnston Memorial Smithfield

\_\_\_Rex Hospital

\_\_\_Johnston Memorial Hwy 42

\_\_\_Wayne Memorial

* The information you provide to the Health Ministry is strictly voluntary and will not be discussed with anyone except Emergency Medical Services in the event they are called.