



TOWN OF BRIDGEWATER

FIRE DEPARTMENT

FIRE HEADQUARTERS • 22 SCHOOL STREET
BRIDGEWATER, MA 02324

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AmbuPro Patient Data Sheet

Name: _____

Date: _____

Address: _____

Phone: _____

SS#: _____

D.O.B. _____

Sex: Male / Female

Do you have a Knox Box on your property? Yes No

Past Medical History:

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart (cardiac disease) | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Coronary Bypass | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac cath | <input type="checkbox"/> CVA (stroke) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Implanted defib | <input type="checkbox"/> Dementia (Alzheimer's) |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> COPD | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High blood pressure (hypertension) | | |

Other: _____

Medications (Name & Dose):

Allergies:

Medical Insurance:

Medical Insurance Co: _____

Policy #: _____

Other Medical Insurance Co: _____

Policy #: _____

Release:

I understand in completing and signing this form I have given my consent to allow Bridgewater Fire Department to use the information provided to help in assisting me and the members of my household in care and comfort during an emergency or evacuation. I understand that the information I have given is held by the Department in strict confidence, and will not be given to any other individual or agency unless I so desire with a request in writing.

Name (Printed)

Signature