





BIG CANOE MEDICAL INFORMATION PROGRAM

Big Canoe Public Safety and the Big Canoe Wellness Collaborative have joined forces to provide the community an important medical program. The purpose of the program is to provide confidential medical and personal information to health care providers in case of an emergency, particularly when an individual may not be in a medical condition to provide this data.

A kit has been prepared and is available at the Big Canoe Main Fire Station, Wellness Center and at the Wellness Collaborative information area near the Alpha Boxes in the Post Office. Utilize the kit and the below methods to provide information to health care providers:

1. EMERGENCY MEDICAL INFORMATION FORM

Forms should be completed for each person within a household. The kit contains 2 forms each but more can be obtained at www.bcwell.org/medicalform. Also if you would prefer to type the information into the form and then print it, go to the above link. Once the forms are completed, place them in the provided labeled baggie. The baggie has double-sided tape so place the baggie inside your refrigerator on the left, top sidewall. Emergency medical personnel will know to look for your medical information here.

The above information will also be helpful if you need to go to the hospital or other medical facility.

2. IN CASE OF EMERGENCY (ICE) CARD

In addition to completing the above form it is advisable to carry an "ICE" card in your wallet. If you go to www.geticecard.com and provide emergency contact and health information you can print out an "ICE" card which will be the size of your Drivers License. This can be kept with your Drivers License in the vinyl sleeve provided with the medical information kit.

3. IN CASE OF EMERGENCY (ICE) SMARTPHONE APP

There are iOS and Android apps that let you put emergency medical contact information on your smartphone's locked screen. If you are in an accident, first responders, EMS, FEMA and ER staff can find emergency medical information as soon as they turn on your smartphone without needing a passcode. A couple of suggested apps are "ICE Medical Standard" for an iOS device and "ICE – In Case of Emergency" for an Android device. Just go to the App Store for these free apps.

If you have questions concerning the Big Canoe Medical Information Program please contact the Wellness Collaborative at (706) 268-3334 or Public Safety at (706) 268-1792.

BIG CANOE EMERGENCY MEDICAL INFORMATION FORM

		You	r Name:	Date of Birth:				
L INFORMATION	Mai	iling A	Address:	Soc. Sec. #:				
	St	reet A	Address:	Home Phone:	Home Phone:			
	Employer:			Work Phone:				
GENERAL	Nea	rest F	Relative:	TIONOUR				
GEN	Not	-	Case of ergency:					
<u></u>			NAME AND RELA	TIONSHIP PHONE NUMBER	K5(5)			
	Prima	ıry Ca	re Provider:	CITY	PHONE NUMBER(S)			
	PI FAS	PLEASE LIST ANY SPECIALIST(s) (Surgeons, Urologist etc.) YOU PREFER IF INDICATED AND AVAILABLE:						
	I LEAGE EIGT AIRT OF LOIALIOT(3) (GREGOTS, OTOTOGIST STO.) TOU FIXE EIX IF INDICATED AIRD AVAILABLE.							
CES								
EFERENCES	Which hospital do you prefer to use if possible?							
PREF		Which hospital do you prefer to use if possible? Do you have a Living Will, Advanced Directives or other papers or instructions concerning your						
		☐ Yes ☐ No						
MEDICAL	If Yes							
2	Are you an organ donor? ☐ Yes ☐ No Which organs? (All or specify)							
	HEAL	.TH II	NSURANCE: Company	Policy#				
	HEAL	II HT.	NSURANCE: Company	Policy #				
	Yes	No	What is your: Height	Weight				
			Do you have any drug allergies? If Yes, please provide details:					
NOI	_	_						
RMA		u	Do you take any medications on a regular basis? If Yes, please provide details:					
MEDICAL INFORMATION			Have you ever had surgery? If Yes, please provide details:					
MEDIC/			Have you been hospitalized for reasons other than surgery? If Yes, please provide details:					
			Do you have implants or prosthesis (pacemaker, joints, screws etc.)? If Yes, please provide details:					

BIG CANOE EMERGENCY MEDICAL INFORMATION FORM - Continued

MEDICAL INFORMATION	Yes	No	Do you have dentures, bridgework, capped, crowned or loose teeth? If Yes, please provide details:					
			Do you wear ☐ glasses, ☐ contacts or ☐ hearing aid(s)? If Yes, please provide details:					
			Do you smoke? If Yes, how much? If you quit, when did you quit?					
MEDIC			Have you or any family member ever experienced a serious reaction to anesthesia? If Yes, please provide details:					
			Will you accept a blood transfusion to save your life?					
			YOU HAVE HAD.					
	☐ Heart murmur			☐ Emphysema	☐ Deafness	☐ Epilepsy		
	☐ Rheumatic feve		c fever	☐ Digestive/intestinal disorder	☐ Hard of hearing	☐ Ulcers		
	☐ Abnormal rhythm or EKG		rhythm or EKG	☐ Liver disease	☐ Colon or rectal problems	☐ Thyroid problems		
	☐ Mitr	al val	e prolapse	☐ Hepatitis	☐ Hiatal hernia	☐ Clotting problems		
	☐ Heart disease			☐ Cancer	☐ Blood disorders	☐ Back or neck problems		
	□ Неа	ırt failu	ıre	☐ AIDS or HIV	☐ Arthritis	☐ Vascular/circulatory problems		
	☐ Neurological disease			☐ Bone or joint disease	☐ Low blood pressure	☐ Shortness of breath		
	☐ Stro	ke		☐ High blood pressure	☐ Chronic bronthitis	☐ GYN or genital problems		
	☐ Paralysis			☐ Lung disease	☐ Urinary problems	☐ Blindness		
	☐ Diabetes			☐ Asthma	☐ Heart attack	☐ Severe visual impairment		
SN	☐ Anemia			☐ Kidney disease	☐ Angina			
CONDITIONS	REMARKS							
MEDICAL (
ME								