



The Helpers Emergency Medical History Form

The CheltenHELPerS are a volunteer group of your neighbors who saw a need and decided to do something about it. We are helping members of our community document their medical history in case of an emergency, and providing home-made masks for those that need protection.

We want to keep our community strong and we really care. We're all in this together.

Medical History Forms

If you need to go to the hospital during the COVID-19 Crisis, having your personal medical history available will help the medical team quickly know about you, your medicines, and your family or emergency contacts during an emergency.

Your filled-out form and its information is yours alone, keep this information private unless the Hospital or Doctors need it.

We worked with experts to put together this Medical History Form. If you have a printer, please feel free to use the Google Doc to fill out this information and print at home. There is no cost to you for your personal use of this form. Please share it.

If you don't have a printer, reach out to us on Facebook and we will print out this form and bring it to your front door or mailbox so that you can fill it out at home and have ready in an emergency.

Protective Masks

We are also sewing adjustable masks for the community to wear when trips out of the house are necessary. If you are part of an at risk group, we will try and deliver a mask to you *without cost*. The mask is not an N95 mask, as those are needed by the important medical teams. The mask, along with social distancing and excellent hand washing hygiene, will help prevent spread of the virus leading to COVID-19.

Printed Medical History Forms and Mask Distribution

We plan on making deliveries 3 times a week for folks that need printed forms or protective masks. We are making adjustable masks as quickly as possible. We are an organized group of friendly neighbors trying to make a bad situation better, so our resources are limited.

- Fill Out Your Personal Medical History -
Take It With You If You Need To Go To The Hospital

www.TheHelpers.us

Emergency Personal Medical History

Today's Date: _____

NAME		DATE OF BIRTH	
Address		City	
State		ZIP Code	
Cell Phone		Email	
Emergency Contact #1		Phone #	
Emergency Contact #2		Phone #	
Health Care Proxy or Power Of Attorney Person		Phone #	
Primary Care Doctor		Primary Care Doctor #	

Medical Devices

Check All That Apply:

Contact Lenses	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Epileptic	<input type="checkbox"/>	Metal In Body	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>
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Other Medical Devices	
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Allergies To Medicine - Other Allergies

Which Medicines Are You Allergic To?	
Other Allergies	

Medical Conditions

List All Medical Conditions	
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If you need more space to add information, write on the other side of the paper.

Emergency Personal Medical History

Today's Date: _____

Dietary Restrictions**List All Dietary
Restrictions****Surgery & Hospitalizations**

Year	Surgery Performed/Reason For Hospitalization	Location

Medication List, Include All Over The Counter & Vitamins You Take

Medicine (Rx)	Dose	When To Take	Reason	Prescribing Doctor

**Other Important
Things For The
Medical Team To
Know**