



# 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:**

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**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