

***Enumclaw Police/Fire Department Communications  
Special Medical Needs Patient  
Information Sheet***

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
          **Last**                  **First**                  **M.I.**

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical History/Problems:**  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:**  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies to medications:**  
\_\_\_\_\_

**Special Medical Equipment Used/Required:**  
\_\_\_\_\_  
\_\_\_\_\_

**Does any of the medical equipment you use require the use of electricity?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, which equipment requires electricity?**

\_\_\_\_\_

**Does any of this equipment that requires electricity have a back-up battery?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, what equipment has a back-up battery? What is the life of the battery?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any house keys hidden outside of your house that the police or fire department can find to gain access to your house?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, where are the keys?** \_\_\_\_\_

**Are there any other considerations that you feel are important for the police and fire departments to know about you or your medical condition(s)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out this form and return to the Enumclaw Police/Fire Communications Center located at the police department, or mail to the address below:**

**Enumclaw Police/Fire Communications  
1705 Wells St.  
Enumclaw, WA 98022**

**Phone: (360) 825-3505**