



***Galway Emergency Medical Services***

2175 Galway Road

Galway, New York 12074

Station – 518-882-1234 Fax – 518-882-1235

**\*MEDICATION LIST & HISTORY INFORMATION\***

Patient Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Patient Address: \_\_\_\_\_

Patient DOB \_\_\_ / \_\_\_ / \_\_\_ Home Telephone Number: ( \_\_\_ ) \_\_\_\_\_

PATIENT INFORMATION SUPPLIED BY: PATIENT / OTHER

Emergency Contact: \_\_\_\_\_ Telephone: ( \_\_\_ ) \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

SPECIALITY CARE PHYSICIAN: \_\_\_\_\_

PRESENT MEDICAL HISTORY: \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

**DIRECTIVE WISH FORMS:** LIVING WILL MOLST DNR HEALTH CARE PROXY

(PLEASE CIRCLE ALL THAT APPLIES)

**\*\*\*SEE BACK FOR MEDICATION LIST\*\*\***

