

# Protect The Ones You Love



Smart911 is a free, new service available in your community to help you when you call 9-1-1. Once you've signed up, first responders will be aware of important information you have provided that will help them address your emergency. This information – including medical issues, current location and even pets - can help Police, Fire and EMS locate and help you.



**A free service** – Provided by your community



**Private and secure** – You control your information



**Saves time in an emergency** – When seconds count

 **Smart911.com**<sup>TM</sup>

Because every second counts. Sign up today.



## Create a Smart911 Profile

Please use this worksheet as a guide for information you would like to provide 9-1-1 call takers and first responders.

### Sign Up Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Leave Blank: \_\_\_\_\_

User ID: \_\_\_\_\_

Password: \_\_\_\_\_

### Home Address

Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Number of Residents: \_\_\_\_\_

### People Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle one: Male / Female \_\_\_\_\_

Hair Color / Eye Color: \_\_\_\_\_

Height / Weight: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle one: Male / Female \_\_\_\_\_

Hair Color / Eye Color: \_\_\_\_\_

Height / Weight: \_\_\_\_\_

### Phone Number

Number of phones numbers in household: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Circle one: Mobile / Land Line / VOIP / Cable \_\_\_\_\_

Phone Number: \_\_\_\_\_

Circle one: Mobile / Land Line / VOIP / Cable \_\_\_\_\_

### Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Animals

Animal Type: Pet / Service Animal / Livestock \_\_\_\_\_

Number of Pets: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

Type of Animal(s): \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

# Smart911® Medical Information

The following list is designed to communicate the most important information for which there are generally accepted procedures and treatments practiced by paramedics and other responders.

## ALLERGIES

- |                                    |                               |                               |   |
|------------------------------------|-------------------------------|-------------------------------|---|
| <b>Prior Anaphylactic Reaction</b> | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |   |
| <b>Aspirin</b>                     | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Codeine</b>                     | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Demerol</b>                     | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Food Allergies</b>              | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Horse Serum</b>                 | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Insect Stings</b>               | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Latex</b>                       | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Lidocaine</b>                   | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Morphine</b>                    | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Novocaine</b>                   | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Penicillin</b>                  | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Sulfa</b>                       | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>X-Ray Dyes</b>                  | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |
| <b>Other Allergy</b>               | <input type="checkbox"/> None | <input type="checkbox"/> Mild | <input type="checkbox"/> Potentially Lethal |

## HEART DISEASE

- Aneurysm Aorta
- Angina
- Cardiac Dysrhythmia / Abnormal Heart Rate
- Congenital Heart Disease
- Congestive Heart Failure (CHF)
- Coronary Artery Bypass / Angioplasty
- History of Heart Attack / Myocardial Infarction (MI)
- History of Myocarditis / Pericarditis / Heart Infection
- Pulmonary Hypertension

## BREATHING PROBLEMS

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congenital or Chronic Upper Airway Disease
- Cystic Fibrosis
- Emphysema
- Other breathing problem

## CANCER

- Leukemia
- Lymphomas
- Other Cancer

## MOBILITY LIMITATIONS

- Amputee
- Confined to Bed
- Electric Wheelchair or Scooter
- Manual Wheelchair
- Paraplegia
- Quadriplegia
- Requires Walker /Cane /Crutches
- Requires Wheelchair
- Weight over 300 lbs
- Other Mobility Impairment

## GENERAL HEALTH CONDITIONS

- Adrenal Insufficiency
- Alcoholism
- Other Addiction
- Blood Clotting Disorder
- Chronic Pain
- Depression
- Diabetes
- Eye Surgery / Glaucoma
- Hemophilia
- Hypertension
- Malignant Hyperthermia
- Muscular Dystrophy
- Myasthenia Gravis
- Renal Failure / Hemodialysis
- Rheumatologic or Joint Problems
- Sickle Cell Anemia
- Situs Inversus
- Stroke
- Suicide Attempts

## ORGAN TRANSPLANTS

- Bone Marrow
- Bowel
- Heart
- Kidney
- Liver
- Lung
- Pancreas

## NEUROLOGICAL, BEHAVIORAL, COGNITIVE CONDITIONS

- Anxiety (extreme)
- ADD/ADHD
- Autism Spectrum Disorder
- Bipolar Disorder
- Cerebral Palsy
- Cognitive Impairment
- Confused Easily
- Developmental Disability
- Difficulty Understanding Verbal or Written Instructions
- Memory Impaired / Dementia / Alzheimer's
- Migraine or Frequent Headaches
- Neurological Disease
- Post-Traumatic Stress Disorder
- Prone to Wandering
- Seizure Disorder / Epilepsy
- Schizophrenia
- Other Psychiatric Condition

## SENSORY IMPAIRMENTS (VISION, HEARING, SPEECH)

- Blind
- Deaf
- Deaf / Blind
- Hard of Hearing
- Mute / Speech Impaired

## NEUROLOGICAL / COGNITIVE BEHAVIORS

- Thoughts of suicide
- Hearing things other people don't hear
- Hearing voices telling me to do bad things
- Hearing voices telling me to do good or neutral things
- Hearing voices saying bad things
- Hearing voices saying good or neutral things
- Sensitive to loud noises/flashing lights
- Feeling people touching me
- Hurting myself (cutting, etc.)
- Not sleeping
- Isolating from others
- Feeling irritable/angry
- Crying all the time/often
- Tearful

## POWERED MEDICAL DEVICES

- Apnea Monitor
- Oxygen Concentrator
- I.V. Pump
- Sleep Apnea / CPAP or BPAP Device
- Kidney Dialysis
- Ventilator / Respirator
- Life-Sustaining Medication Requiring Refrigeration
- Nebulizer for Breathing Problems
- Other Life-Sustaining Dependency on Electricity

## MEDICAL THERAPIES AND EQUIPMENT

- Home Health Care/Visiting Nurse/Non-Medical Caregiver
- In-home life sustaining medication or treatment
- Requires Airway Suctioning
- Uses Oxygen Tank

## OTHER MEDICAL INFO

- Contact Lenses**  
 Yes  No
- Organ Donor**  
 Yes  No
- Contact Lenses**  
 Yes  No

## PRESCRIPTION MEDICATIONS

- Antianginal
- Antiarrhythmic
- Anti-anxiety / Sedatives
- Anticoagulant / Blood Thinner
- Antidepressants
- Antihistamine (regular use)
- Antimanics / Mood Stabilizers
- Antipsychotics
- Barbiturates
- Beta Blocker
- Chemotherapy
- Diabetes Medication (oral)
- Erectile Dysfunction Medication
- Immunosuppressant
- Insulin
- Opioids/Narcotics (regular use)
- Seizure Control Medications
- Side Effect Control Medications
- Steroid (Oral)

## IMPLANTED MEDICAL DEVICES

- Artificial Joints
- Cochlear Implant(s)
- Heart Valve Prosthesis / Artificial
- Heart Valve
- Implanted Defibrillator
- Left Ventricular Assist Device (LVAD)
- Pacemaker
- Tracheotomy