



MANSFIELD FIRE DEPARTMENT
10 Plymouth St
Mansfield, MA 02048

Lt. Donald Tebeau
Fire Prevention
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Lt. Marc Goyette
Fire Prevention
mgoyette@mansfieldma.com

AMBU PRO Patient DATA sheet

Name: _____

Sex: Male / Female

Address: _____

Phone: _____

SS# _____

D.O.B. _____

Doctor: _____

Past Medical History

Heart (cardiac disease) _____
Angina _____
Diabetes _____
Cancer: _____
Cataracts _____
Asthma _____

Pacemaker _____
Coronary Bypass _____
Cardiac cath. _____
Implanted defib. _____
High Blood Pressure (hypertension) _____

High cholesterol _____
Seizure _____
CVA (Stroke) _____
Dementia (Alzheimers) _____
COPD _____

OTHER: _____

Medications (Name & Dose)

Allergies: _____

Medical Insurance

Medical Insurance Co. _____

Policy # _____

Other Meds INS Co: _____

Policy # _____

Release

I understand in completing and signing this form I have given my consent to allow Mansfield Fire Dept. 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 and a request in writing.

Name -- Printed

Signature