



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

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

QUARANTINE STATUS FOR THE COVID-19 VIRUS

- Not quarantined
- Self-quarantined
- Directed to quarantine by a health professional

WHAT IS YOUR CURRENT HEALTH STATUS?

- Healthy
- Sick/Showing flu-like symptoms
- Recovered from flu-like symptoms
- Other

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
- In an emergency, will require public assistance with evacuation

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

BREATHING PROBLEMS

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

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

CANCER

- Leukemia Lymphomas
- Other Cancer

ORGAN TRANSPLANTS

- Bone Marrow Bowel
- Heart Kidney Liver
- Lung Pancreas

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

SENSORY IMPAIRMENTS (VISION, HEARING, SPEECH)

- Blind Deaf Deaf / Blind Mute / Speech Impaired

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