

FAQ SHEET ON ICE.....

1. Should I log personal information, such as; full name, address, etc., on my phone?

No,... phones can be stolen and we don't want to risk our personal information. Just the word ICE and the contact's first name with their phone number is all that should be entered.

2. Do I have to use the information sheet?

No,...It is not necessary to give your contact person the completed information sheet, however this is an added feature so your contact person can relay vital information to emergency providers.

3. Can my cell phone get a virus from ICE?

No,...It is no different than any other contact you enter into your phone.

4. Do I need to notify my cell phone provider service?

No,...Your cell phone provider does not need notification.

5. When and where did ICE originate?

ICE was released in the UK by a paramedic named Bob Brotchie in April 2005.

If you still have questions log onto then post them to our information board.

Have a safe summer

Laura Potter RN, Health and Education Manager

Columbia Quick Response Service

ICE In Case Of Emergency

Medical information for: _____
Contact Person: _____

I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely upon this information and agree to hold the user harmless.

Date Completed: _____ Signature: _____

GENERAL INFORMATION:

Name:		Nickname:	
Address:		Phone:	
City:	State:	Zip code:	
Sex: Male Female	Date of Birth:	SS#:	
Family Doctor:		Phone:	
Address:			
Hospital Preference:			
*DNR or Living Will Information:			
Additional Contact Person:		Phone:	
Address:			

Allergies to Medications: _____
 Other Allergies: _____

Your Past Medical History: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emphysema/COPD
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Heart Attack
<input type="checkbox"/> Seizure
<input type="checkbox"/> AIDS/HIV
<input type="checkbox"/> Blood Clots
<input type="checkbox"/> Crohn's
<input type="checkbox"/> Kidney Stones
<input type="checkbox"/> Blind
<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Asthma
<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Open Heart Surgery
<input type="checkbox"/> Stroke/TIA's
<input type="checkbox"/> Bleeding/blood disorders
<input type="checkbox"/> Irritable Bowel Syndrome
<input type="checkbox"/> Prostate Problems
<input type="checkbox"/> Migraines
<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Blood Type _____ |
|---|--|

Recent
Surgeries _____

Recent
Illnesses _____

Insurance: _____

Group/Id # _____

Additional Information to be Used in Your Medical Treatment

Columbia QRS --- We're There Because... We Care

08/03/05 ljp