

HEADS UP Program Request

Complete and Mail to: James City County Emergency Communications Center; 3131 Forge Rd.; Toano, VA 23168

Name _____
Last First Middle Initial

Address: _____
Street Address City Zip Code

Telephone: _____ Birth Date: _____
Home Phone (mm/dd/yyyy)
Work Phone

Sex: _____
Race: _____
Height: _____
Weight: _____
Hair: _____
Eyes: _____
Blood Type: _____

Medical Alert Device? Yes _____ No _____

Alarm Company: _____
Name Phone

Emergency Contacts:

1. _____
Name Home Phone Work Phone Cell Phone

2. _____
Name Home Phone Work Phone Cell Phone

3. _____
Name Home Phone Work Phone Cell Phone

Diabetic Patient: Yes _____ No _____ Description: _____

Cardiac Patient: Yes _____ No _____ Description: _____

Pulmonary Patient: Yes _____ No _____ Description: _____

Mentally Challenged Patient: Yes _____ No _____ Description: _____

Allergies: _____

Special Medical Equipment Used: _____

Mobility Impaired: Yes _____ No _____ (Check type) Cane Crutches Walker Bedridden Wheelchair

Hearing Impaired: Yes _____ No _____ Use Sign Language _____ Special Needs: _____

Visually Impaired: Yes _____ No _____ Blind? Yes _____ No _____ Special Needs: _____

If person does not speak/understand English, indicate which language they speak: _____

Patient with disability: Yes _____ No _____ Description: _____

Patient displays violence: Yes _____ No _____ Description: _____

Other Information: _____

I understand that the information contained on this form may be shared with medic, fire, police, and social service personnel when responding to an emergency. James City County will protect the confidentiality of this information as required by law.

Signature

Date