Smart911®

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	☐ Yes	☐ No	
Aspirin	☐ None	☐ Mild	☐ Potentially Lethal
Codeine	☐ None	☐ Mild	☐ Potentially Lethal
Demerol	☐ None	☐ Mild	☐ Potentially Lethal
Food Allergies	☐ None	☐ Mild	☐ Potentially Lethal
Horse Serum	☐ None	☐ Mild	☐ Potentially Lethal
Insect Stings	☐ None	☐ Mild	☐ Potentially Lethal
Latex	☐ None	☐ Mild	☐ Potentially Lethal
Lidocaine	☐ None	☐ Mild	☐ Potentially Lethal
Morphine	☐ None	☐ Mild	☐ Potentially Lethal
Novocaine	☐ None	☐ Mild	☐ Potentially Lethal
Penicillin	☐ None	☐ Mild	☐ Potentially Lethal
Sulfa	☐ None	☐ Mild	☐ Potentially Lethal
X-Ray Dyes	☐ None	☐ Mild	☐ Potentially Lethal
Other Allergy	☐ None	☐ Mild	☐ 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

Advanced Directive or DNR ☐ 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