

**REASSURANCE PROGRAM**  
**SPONSORED BY THE MATTAPOISETT POLICE DEPT.**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**MEDICAL HISTORY**

ASTHMA     SEIZURE     COPD     STROKE / CVA / TIA  
 HIGH BP     DIABETES     CARDIAC     PSYCH     CA  
OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCAL DOCTOR:** \_\_\_\_\_

**HOSPITAL PREFERENCE:**     SAINT LUKES     TOBEY

**ALLERGIES**

UNKNOWN     NO KNOWN ALLERGIES     LATEX

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS** (dosages & how many times a day)

NONE

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEXT OF KIN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

PHONE NO# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT LIST**

**FIRST CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**SECOND CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**THIRD CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**GENERAL INFORMATION**

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**VEHICLE (IF YOU OWN ONE)**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ PLATE: \_\_\_\_\_  
COLOR: \_\_\_\_\_

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**PETS (IF YOU OWN ANY)**

- 1)
- 2)
- 3)

**WHO TO CONTACT ABOUT PETS (IN CASE OF EMERGENCY)**

NAME: \_\_\_\_\_ PHONE NO# \_\_\_\_\_

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RELIGION: \_\_\_\_\_ CHURCH: \_\_\_\_\_

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Blood Type: \_\_\_\_\_

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