

Bowdoinham Emergency Services Questionnaire

The Bowdoinham EMS team is collecting information about residents in the event they are called upon in an emergency situation. Filling out this questionnaire and sharing the information with EMS is voluntary. The information will help EMS to create a list of residents who may need special support in case of individual emergencies or in times of natural or man-made emergencies.

Please fill out this form and drop it off at the Town Office or return it by mail: Bowdoinham Town Office, ATTN: EMS Director, 13 School Street, Bowdoinham, ME 04008.

Any medical information which you choose to provide to us will be kept confidential.

NAME _____

ADDRESS _____

Where is your house number located? _____

Can it be seen from all directions? _____

OTHER MEMBERS OF HOUSEHOLD _____

PHONE NUMBER (HOME): _____ PHONE NUMBER (OTHER): _____

EMERGENCY CONTACT NAME (optional): _____

EMERGENCY CONTACT PHONE NUMBER: _____

FILE OF LIFE/MEDICAL INFORMATION IS LOCATED: _____

In case of individual emergencies or in times of natural or man-made emergencies:

1. Do you or someone in your household have a medical condition or disability which we should know about in case you are unable to communicate with us: i.e., diabetes, implanted defibrillator or pacemaker, cardiac problems, etc.? List (if additional space is needed, use back):

2. Do you or someone in your household have medical equipment which is dependent on electricity to run such as oxygen compressor, in-home dialysis, in-home IV pump, etc.? List (if additional space is needed, use back): _____

Do you have a generator: Yes _____ No _____

3. Do you or someone in your household have mobility or communications impairments: i.e., wheelchair, blindness, very hard of hearing, unable to speak, etc.? List (if additional space is needed, use back):

4. If you have the choice, what hospital would you prefer to be transported to by ambulance?

When do you want someone to check on you?

5. Would you like us to check on you during an emergency such as a hurricane or extended power outage?

Yes _____ No _____ Do you live alone? Yes _____ No _____

How would you like us to check on you: Phone (if working) _____ Home Visit: _____

Facts about your home environment

6. Please describe the location of the room where you are most likely to sleep.

7. Is there anything you would like us to know that we have not asked? If more space is needed, use back.
