



KEEP INFORMATION UP TO DATE

Name: _____ Sex:
M F

Address: _____ Date of Birth: / /

EMERGENCY CONTACTS

Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

Relation: _____

Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

Relation: _____

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type: _____

Doctor: _____ Phone #: _____

Preferred Hospital: _____

Use pencil for ease in making changes.

Special Conditions/Remarks: _____

Medication	Dosage	Frequency

Use pencil for ease in making changes

Medication	Dosage	Frequency

Recent Surgery: _____ Date: _____

Religion: _____

Living Will on file at: _____

Health Care Proxy on file at: _____

Do you have an EMS-NO CPR directive or aDNR form?

YES NO Where is it located? _____

MEDICAL CONDITIONS

Check all that exist

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting disorder
- Coronary Bypass Graft
- Dementia Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Other: _____
- Hemodialysis
- Hemolytic Anemia
- Hepatitis-Type []
- Hypertension
- Hypoglycemia
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired

ALLERGIES

- Aspirin
- Barbiturate
- Codeine
- Demerol
- Horse Serum
- Environmental:
- Other: _____
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Ray Dyes
- No Known Allergies

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____