KEEP INFORMATION UP TO DATE !!
Review At Least Every Six Months !

MEDICAL DATA REVIEWED AS OF   MO.   YR.

Name: _____ Sex: ☐ M ☐ F

Address: _____

Doctor: _____ Phone #: _____

Preferred Hospital: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

MEDICAL DATA
Use pencil for ease in making changes.

Special Conditions/Remarks: _____

_____

Medication	Dosage	Frequency

Pharmacy: _____ Phone: _____

Date of Birth: _____

Blood Type: _____ Religion: _____

Health Care Proxy on file at: _____

Living Will on file at: _____

® FILE OF LIFE   **SEE BACK OF CARD FOR ADDITIONAL INFORMATION**

Use Pencil for ease in making changes

Recent Surgery: _____ Date: _____

_____

Do you have an EMS-NO CPR Directive or a DNR 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
☐ Laryngectomy
☐ 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:

☐ Insect Stings
☐ Latex
☐ Lidocaine
☐ Morphine
☐ Novocaine

☐ Penicillin
☐ Sulfa
☐ Tetracycline
☐ X-Rays Dyes
☐ No Known Allergies

☐ Other: _____

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____