

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: _____

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:
- Other: _____
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays Dyes
- No Known Allergies

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____