

KEEP INFORMATION UP TO DATE

Review At Least Every Six Months

MEDICAL DATA REVIEWED AS OF: MO. YR.

Name _____ Sex:
 M F Other

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 condition
- 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
- Hemodialysis
- Anemia
- Hepatitis
- Hypertension
- Hypoglycemia
- Laryngectomy
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell
- Anemia Stroke
- Tuberculosis
- Vision Impaired
- Other _____

ALLERGIES

- Aspirin
- Barbiturates
- Codeine
- Demerol
- Horse Serum
- Environment
- 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#: _____