



**Keep your information current. • Use pencil.**

Name: \_\_\_\_\_  M /  F

Address: \_\_\_\_\_

OPTIONAL  
Soc. Sec. #: \_\_\_\_\_ Birth Date: / /

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**MEDICAL INSURANCE**

Medical Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Medical Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

OPTIONAL  
Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Medical Problems	Medication	Dosage	Frequency

Home/over-the-counter medications: (OPTIONAL) USE THE BACK SIDE

**ADVANCE DIRECTIVES**

"Living Will" on file at: \_\_\_\_\_

"Health Care Surrogate": \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have an EMS-NO CPR Directive or DNR (Do Not Resuscitate form)?**

yes  no Where is it located? \_\_\_\_\_

**Last date updated: Mo. Yr. Blood Type:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Conditions / Remarks: \_\_\_\_\_

Recent Surgeries—include dates: \_\_\_\_\_

Is your most recent EKG available:  yes  no

Where is it?: \_\_\_\_\_

**OTHER MEDICAL CONDITIONS: check all that exist.**

- No Known Medical Conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia ( ) Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hypertension
- Hypoglycemia
- Internal Defibrillator
- Laryngectomy
- Leukemia
- Lymphomas
- Malignant Hyperthermia
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Vision Impaired
- Other \_\_\_\_\_

**ALLERGIES**

- No Known Allergies
- Aspirin
- Barbiturates
- Codeine
- Demerol
- Environmental
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine/Xylocaine
- Penicillin
- Sulfa Medications
- Tetracycline
- X-rays Dyes
- Other \_\_\_\_\_

FOLD along dotted line and place on refrigerator.