

**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 #: \_\_\_\_\_

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

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**MEDICAL DATA**

**Special Conditions/Remarks:** Use pencil for ease in making changes.

\_\_\_\_\_  
\_\_\_\_\_

Medical Problems	Medication	Dosage	Frequency

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

Date of Birth: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

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
- ( ) 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
- ( ) Laryngectomy
- ( ) Leukemia
- ( ) Lymphomas
- ( ) Memory Impaired
- ( ) Myasthenia Gravis
- ( ) Pacemaker
- ( ) Renal Failure
- ( ) Seizure Disorder
- ( ) Sickle Cell Anemia
- ( ) Stroke
- ( ) Vision Impaired
- Other \_\_\_\_\_

### ALLERGIES

- ( ) Aspirin
- ( ) Barbiturate
- ( ) Codeine
- ( ) Demerol
- ( ) Environmental
- ( ) Horse Serum
- ( ) 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 #: