

**KEEP INFORMATION UP TO DATE !!**  
***Review At Least Every Six Months !***  
**MEDICAL DATA REVIEWED AS OF**

Name:

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

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                   | Hemodialysis           |
| Abnormal EKG                                  | Hemolytic Anemia       |
| Adrenal Insufficiency                         | Hepatitis-Type [     ] |
| Angina  | Hypertension           |
| Asthma  | Hypoglycemia           |
| Bleeding Disorder                             | Laryngectomy           |
| Cancer  | Leukemia               |
| Cardiac Dysrhythmia                           | Lymphomas              |
| Cataracts                                     | Memory Impaired        |
| Clotting Disorder                             | Myasthenia Gravis      |
| Coronary Bypass Graft                         | Pacemaker              |
| Dementia <input type="checkbox"/> Alzheimer's | Renal Failure          |
| Diabetes/Insulin Dependent                    | Seizure Disorder       |
| Eye Surgery                                   | Sickle Cell Anemia     |
| Glaucoma                                      | Stroke                 |
| Hearing Impaired                              | Tuberculosis           |
| Heart Valve Prosthesis                        | Vision Impaired        |
| Other:  |                        |

## ALLERGIES

|                |               |                    |
|----------------|---------------|--------------------|
| Aspirin        | Insect Stings | Penicillin         |
| Barbiturate    | Latex         | Sulfa              |
| Codeine        | Lidocaine     | Tetracycline       |
| Demerol        | Morphine      | X-Rays Dyes        |
| Horse Serum    | Novocaine     | No Known Allergies |
| Environmental: |               |                    |
| Other:         |               |                    |

## MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #:

Medicare #:

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