

EMERGENCY MEDICAL INFORMATION

Patient Information: *(Include Recent Photo in Packet)*

Name: _____ **Blood Type:** _____

Date of Birth: _____

Address: _____

City: _____

State and Zip Code: _____

Primary Phone Number: (____) _____ - _____

Secondary Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____:

Preferred Hospital: Name:

Primary Physician:

Physician Name: _____ Phone# _____

Additional Physician/Specialists:

Physician Name: _____ Phone# _____

Physician Name: _____ Phone# _____

Physician Name: _____ Phone# _____

Case Manager/Social Worker Contact Information

Name: _____ Agency _____ Phone _____

Medical Information:

Allergies: _____

Medications:

Rx Name	Dose	When to Take	Reason for Taking	Prescribing MD

EMERGENCY MEDICAL INFORMATION

Pharmacy Name _____ **Phone** _____

Special Health Considerations: _____

List Dietary Restrictions: _____

List all Surgeries and Hospitalizations:

Year	Surgery Performed/Reason for Hospitalization	Location

Ambulatory? ___ YES ___ NO

Walker? ___ YES ___ NO

Oxygen? ___ YES ___ NO

Is there an Advanced Directive (living will) ___ YES ___ NO *(If yes, place copy in packet)*

Is there a Do Not Resuscitate Order (DNR) ___ YES ___ NO *(If yes, place copy in packet)*

Blood Type: _____ **Prior Transfusion Reaction:** _____

Check all that apply:

Hearing Impaired _____

Vision Impaired _____

Contact Lenses _____

EMERGENCY MEDICAL INFORMATION

Dentures___

Epileptic___

Metal in Body___

Pacemaker___

Insurance Information:

1- Medical Insurance Carrier: _____

Policy Number: _____

2- Dental Insurance Carrier: _____

Policy Number: _____

3- Medicare ___ YES ___ NO

Medicaid ___ YES ___ NO

Number _____

Number _____

Health Care Proxy/Power of Attorney Contact Information:

Name _____ Relation _____ Phone _____

Email Address _____

Primary Emergency Contact:

Name: _____ Relation: _____

Address: _____

City: _____

State and Zip Code: _____

Primary Phone Number: (____) _____ - _____

Secondary Phone Number: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____

Key Holder?: YES ___ NO ___

