

KEEP INFORMATION UP TO DATE

Sex: M F Name: Address: **EMERGENCY CONTACTS** Name: Home Phone #: Address: Work Phone #: Relation: Home Phone #: Name: Address: Relation: Work Phone #: **MEDICAL DATA** Last Updated: Blood Type: Mo. Yr. Doctor: Phone #:

Special Conditions/Remarks:



Medication	1	Dosage	Frequency	
Recent Sur	gery:	Date:		
Religion:				
Living Will	on file at:			
Health Care	e Proxy on file at:			
Do you have a Comfort Care/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		
☐ Cancer		
☐ Cardiac Dysrythmia		
☐ Cataracts		
☐ Clotting Disorder		
☐ Coronary Bypass Graft		
☐ Dementia Alzheimer's		
☐ Diabetes/Insulin Dependent		
☐ Eye Surgery		
☐ Glaucoma		
☐ Hearing Impaired		
☐ Heart Valve Prosthesis		
☐ Hemodialysis		
☐ Hemolytic Anemia		
☐ Hepatitis- Type []		
☐ Hypertension		
☐ Hypoglycemia		



☐ Leukemia	
☐ Lympomas	
☐ Memory Impaired	
☐ Myasthenia Gravis	
☐ Pacemaker	
☐ Renal Failure	
☐ Seizure Disorder	
☐ Sickle Cell Anemia	
☐ Stroke	
☐ Tuberculosis	
☐ Vision Impaired	
☐ Other:	
	ALLERGIES
	ALLERGIES
☐ Aspirin	ALLERGIES
☐ Aspirin☐ Barbiturate	ALLERGIES
•	ALLERGIES
☐ Barbiturate	ALLERGIES
☐ Barbiturate ☐ Codeine	ALLERGIES
☐ Barbiturate ☐ Codeine ☐ Demerol	ALLERGIES
□ Barbiturate □ Codeine □ Demerol □ Horse Serum	ALLERGIES
□ Barbiturate □ Codeine □ Demerol □ Horse Serum □ Environmental:	ALLERGIES
☐ Barbiturate ☐ Codeine ☐ Demerol ☐ Horse Serum ☐ Environmental: ☐ Insect Stings	ALLERGIES
□ Barbiturate □ Codeine □ Demerol □ Horse Serum □ Environmental: □ Insect Stings □ Latex	ALLERGIES
□ Barbiturate □ Codeine □ Demerol □ Horse Serum □ Environmental: □ Insect Stings □ Latex □ Lidocaine	ALLERGIES



☐ Sulfa	
☐ Tetracycline	
☐ X-Rays Dyes	
☐ No Known Allergies	
☐ Other:	
	MEDICAL INSURANCE
Medical Ins Co:	
Policy #:	
Other Med Ins Co:	
Policy #:	
Medicaid #·	Medicare #