CALL 9-1-1 FOR EMERGENCIES

emergency *information*

updated

Key Information

NAME	
ADDRESS	
DATE OF BIRTH / /	SEX Female Male

Emergency Contacts

NAME	RELATION
ADDRESS	PHONE

NAME	RELATION
ADDRESS	PHONE

Do you have an EMS-NO CPR Directive or DNR form?

☐ **YES!** It can be found at:______________________________ ☐ **NO**

Medical Information - Allergies

☐ **NO KNOWN ALLERGIES**	☐ HORSE SERUM	☐ NOVOCAINE
☐ ASPIRIN	☐ INSECT STINGS	☐ PENICILLIN
☐ BARBITUATE	☐ LATEX	☐ SULFA
☐ CODEINE	☐ LIDOCAINE	☐ TETRACYCLINE
☐ DEMEROL	☐ MORPHINE	☐ X-RAY DYES

☐ ENVIRONMENTAL please explain environmental/other

☐ OTHER ______________________________

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Medical Information - Medical Conditions

- [ ] **NO KNOWN CONDITIONS**
- [ ] ABNORMAL EKG
- [ ] ADRENAL INSUFFICIENCY
- [ ] ANGINA
- [ ] ASTHMA
- [ ] BLEEDING DISORER
- [ ] CANCER
- [ ] CARDIAC DYSRHYTHMIA
- [ ] CATARACTS
- [ ] CLOTTING DISORDER
- [ ] CORONARY BYPASS GRAFT
- [ ] DEMENTIA [ ] ALZHEIMER'S
- [ ] DIABETES/INSULIN DEPENDENT
- [ ] EYE SYRGERY
- [ ] GLAUCOMA
- [ ] HEARING IMPAIRED
- [ ] HEART VALVE PROSTHESIS
- [ ] HEMODIALYSIS
- [ ] HEPATITIS-TYPE 1
- [ ] HYPERTENSION
- [ ] HYPOGLYCEMIA
- [ ] LEUKEMIA
- [ ] LYMPHOMAS
- [ ] MEMORY IMPAIRED
- [ ] MYASTHENIA GRAVIS
- [ ] PACEMAKER
- [ ] RENAL FAILURE
- [ ] SEIZURE DISORDER
- [ ] SICKLE CELL ANEMIA
- [ ] STROKE
- [ ] TUBERCULOSIS
- [ ] VISION IMPAIRED
- [ ] OTHER please explain ______________________________

Medical Information - Healthcare Contacts & Details

DOCTOR'S NAME	PHONE
PREFERRED HOSPITAL	BLOOD TYPE
HEALTH CARE AGENT	PHONE
RELIGIOUS & OTHER ADVISORS	

MY LIVING WILL/DPOAH can be found at: ______________________________

PLEASE SEE MEDICATION INFORMATION FOR MORE INFO

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medication *information*

updated

Current Medications

☐ **I DO NOT TAKE ANY prescribed or over-the-counter medications.**

MEDICATION NAME	DOSEAGE	FREQUENCY

Relevant Medical History

SURGERIES, TESTS, ETC.

Medical Insurance

INSURANCE COMPANY	POLICY NUMBER

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Other Helpful Information

NOTES

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