



# Information For Emergencies

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I certify that the information on this form is accurate and up-to-date. I also understand that emergency medical personnel may rely on this information and I agree not to hold emergency personnel responsible for inaccurate or out of date information.

**DATE COMPLETED:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

### PATIENT INFORMATION:

Name:	Date of Birth:
Address:	Sex: Male: Female:
City: State:	Zip Code:
Social Security No:	Phone: ( )

Primary Medical Problems:	
Doctor's Name:	Doctor's Phone:
Hospital Preference:	Have you been a patient there? Yes No
Medicare #:	Medical #:
Other Health Insurance:	Health Insurance #:

### HEALTH INFORMATION:

Allergies to medication:
Other allergies:
Current Medications: (Name/Dose)
Do you have a pacemaker? Yes No Model #: Blood Type:
Do you have a directive? Yes No Where is it?

### PREVIOUS MEDICAL PROBLEMS: (Check all that apply)

<input type="checkbox"/> Heart	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Seizures	<input type="checkbox"/> Emphysema	<input type="checkbox"/> AIDS	<input type="checkbox"/> Anemia
<input type="checkbox"/> Cancer	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Others: _____			

### EMERGENCY REFERENCES:

Name:	Phone:
Address:	Relation:
Name:	Phone:
Address:	Relation:

I authorize medical care for myself and my family in the event of injury or illness. I certify this form is accurate and up to date. I understand emergency personnel may rely on this and agree to hold the user harmless.

\_\_\_\_\_  
Name Signature Date

Please write below any comments or instructions, which would be helpful to emergency responders in assisting you during a personal emergency. Attach a photograph so Emergency Personnel can match the information provided to the correct person.

**Additional Information:**

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RIGHT: All 4 fingers			RIGHT: Thumb
RIGHT: Index	RIGHT: Middle	RIGHT: Ring	RIGHT: Little
LEFT: All 4 fingers			LEFT: Thumb
LEFT: Index	LEFT: Middle	LEFT: Ring	LEFT: Little

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—Attach Photo Here—

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