



EMERGENCY MEDICAL INFORMATION FORM

In an emergency, it is easy to "forget" even the most well-known information. That is why it is crucial for you to complete the information in this form and have the form available in an emergency.

After completing the form, consider posting it on your refrigerator or near the telephone. Inform family members of the documents location.

Meet with your physician to review the information on the form and insure it is accurate. If you have a cardiac condition, consider placing a copy of your most recent EKG with the form or photocopied on the back of the document.

Update the document annually or anytime you change a medication / receive a new diagnosis from a physician. Up-to-date information can save your life in an emergency and many times your hospital records will not be available.

Consider making a copy of the document and keeping the original. In an emergency, providing the document to rescue personnel and allowing them to turn it over to the Emergency Department physician can be helpful.

Parents of special needs children, children with medical conditions or medical allergies, please list your name and relationship in the contact section of the form.



Date Form Completed: _____

Complete this form with ink, PRINT CLEARLY

Name: _____ Age: _____
 Address: _____ Zip: _____
 Phone Number: _____ Birthdate: _____
 Physician(s) Name: _____ SSN #: _____
 Hospital of Choice: _____ Policy #: _____
 Insurance Carrier: _____ Group #: _____

Medications & Dosage (list only Current Medications) For: _____

Allergies: _____

Past Medical History (Check All That Apply):

- Chronic Bronchitis Asthma Emphysema Angina
- Congestive Heart Failure Diabetes Pacemaker Arrhythmia
- Bypass Surgery Stroke Seizures Hypertension
- Implanted Defibrillator Heart Attack / AMI

Other: _____

Persons to be notified in an emergency:

Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a signed DNR or durable medical power of attorney? If so, attach a copy to this page and include instructions for rescue workers on how to obtain the original.

(Rescue workers cannot honor DNRs without the original documents)

Other Comments: _____
