PHARMACY:	PHONE:		TILAUDED
DATE OF BIRTH:			NORTH LAUDERD
BLOOD TYPE:	RELIGION:		A P
HEALTH CARE PROXY	ON FILE AT:	34	
LIVING WILL ON FILE A	AT:		
	CPR Directive or a DNR form? There is it located?		FIRE RESCU
RECENT SURGERY:	DATE:	KEEP YOUR I	NFORMATIO
MEDICAL CONDITIONS Check all that exist		MEDICAL DATA R	EVIEWEDAS
□ No Known Medical Con		NAME:	
☐ Abnormal EKG	☐ Hemodialysis Anemia	ADDRESS:	
☐ Adrenal Insufficiency	•	ADDRESS.	
☐ Angina	☐ Hypertension	DOCTOR:	PH
☐ Asthma	☐ Hypoglycemia	DOCTOR:	PH
☐ Bleeding Disorder	☐ Laryngectomy		
☐ Cancer	☐ Leukemia	EMER	RGENCY CO
☐ Cardiac Dysrhythmia	☐ Lymphomas	NAME:	PH
☐ Cataracts	☐ Memory Impaired	ADDDEGG	
☐ Clotting Disorder	☐ Myasthenia Gravis	ADDRESS:	
☐ Coronary Bypass Graft	☐ Pacemaker	NAME:	PH
☐ Dementia () Alzheimer'	s () Renal Failure	ADDRESS:	
☐ Diabetes/Insulin Depend	lent Seizure Disorder	ADDRESS.	
☐ Eye Surgery	☐ Sickle Cell Anemia	N	MEDICAL DA
☐ Glaucoma	☐ Stroke	Use nencil	for ease in ma
☐ Hearing Impaired	☐ Tuberculosis		jor case in ma
☐ Heart Valve Prosthesis	☐ Vision Impaired	Special Conditions	: :
☐ Hemodialysis		Remarks:	
Other:			
l	LERGIES		
☐ Aspirin ☐ Inse	ect Stings Penicillin Sulfa	Medication	Dosage
☐Codeine ☐Lid	ocaine Tetracycline		
	rphine		
☐ Environmental:	č		
☐ Other:			
MEDICAL	LINSURANCE		
Med Ins Co:			
Policy #:			
Other Med Ins Co: Policy #:			
Medicaid #:	Medicare #:		



ON UP TO DATE

MEDICAL DATA REV	/IEWED AS OF	MOYR.	
NAME:		SEX: M/F	
ADDRESS:			
DOCTOR:	PHONE:		
DOCTOR:	PHONE:		
EMERG	ENCY CONTA	ACTS	
NAME:	PHONE:		
ADDRESS:			
NAME:	PHONE:		
ADDRESS:			
ME	DICAL DATA		
Use pencil for	r ease in making	g changes	
Special Conditions: Remarks:			
Medication	Dosage	Frequency	