

Emergency Medical Data

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First			Initial			Last			Home Phone			Mobile Phone							
Street						City			State			Zip							
Date of Birth		Male/Female		Weight		Height		Ethnic		Hair Color		Eye Color		Blood Type		Religion			
Hearing Impaired		Visually Impaired			Speech Impaired			Mobility Impaired			Dentures		Primary Language						
Have DNR, DNAR, AND, POLST or No-CPR*			Have Healthcare Power of Attorney			Have Living Will or Advance Directive			Location of Forms			Hospital Choice							
Emergency Contact				Phone				Address				Relationship							
Doctor				Phone				Address				Specialty							
Doctor				Phone				Address				Specialty							
Doctor				Phone				Address				Specialty							
Allergies for medications, food, environmental, chemical, latex																			
Medication						Dosage						Frequency							
Medication						Dosage						Frequency							
Medication						Dosage						Frequency							
Medication						Dosage						Frequency							
Surgeries																			
Recent Injuries																			
Medical History																			
Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement																			
Vaccinations																			
COVID Vaccinations Type _____ 1 st _____ 2 nd _____ Booster _____ Additional _____																			
Healthcare Insurance				Member Number				Plan Number				Group				Medicare/Medicaid			
Parent or legal guardian:									Form updated when:										

*Do you have a signed DNR (Do Not Resuscitate) DNAR (Do Not Attempt Resuscitation) POLST (Physician Orders for Life-Sustaining Treatment) AND (Allow Natural Death) or No-CPR Form?

Additional Medications, Doctor's and Comments

Doctor	Phone	Address	Specialty
Doctor	Phone	Address	Specialty
Doctor	Phone	Address	Specialty
Doctor	Phone	Address	Specialty
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Medication		Dosage	Frequency
Additional Comments, History or Background:			