

Fill out this form, print it, and source it in a prominent place (such as on your refrigerator) so emergency personnel can easily locate it in an emergency. You may also want to print a copy to carry with you in your purse or wallet. And, of course, be sure to keep your information up-to-date.

Personal Information

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Birth Date:

Sex: Male Female

Social Security #:

Private Insurance:

Private Insurance:

Medicare #:

Medicaid #:

Family Physician:

Physician Phone:

Specialist:

Specialist Phone:

Hospital Preference:

Medical History

Heart Condition: Yes No

Pacemaker: Yes No

High Blood Pressure: Yes No

Normal Reading for Person:

BP:

Date:

Diabetes: Yes No

If yes, please specify:

Type:

Amount:

Time:

Pills:

Dose:

Diet:

Glasses: Yes No

Dentures: Yes No

Emphysema: Yes No

Arthritis: Yes No

Asthma: Yes No

Thyroid: Yes No

Cancer: Yes No

Memory Problem: Yes No

Parkinson's: Yes No

Hearing Impairment: Yes No

Contacts: Yes No

Other:

Date of last tetanus shot:

Medications & Instructions:

Where I keep my medications:

Allergies:

Special Health Problems:

Emergency Contact

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Name of others in household:

Care Preferences

Do you have a living will?: Yes No

If yes, please specify:

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Preferred Skilled Nursing Facility:

Preferred Hospital:

Preferred Home Care Agency: Senior Independence