

Medical Information

This form is for your convenience. To protect your privacy, the contents you enter is NOT saved. After you print the form, the information is erased. When complete, print the document, fold in half, insert into a one gallon zip-lock bag and set on top of your refrigerator.

First Name *	Middle Name *	Last Name *	DOB *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address *	City *	State *	Zip *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Height *	Weight *	Hair Color *	Eye Color *	Blood Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Insurance Name *	Policy Number *	Secondary Insurance Name	Policy Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Language(if Not English) *	Primary Doctor *	Primary Doctor Phone *	Last Hospitalization
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact #1	Emergency Contact Phone	Emergency Contact #2	Emergency Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Allergies \*

- No Known Allergies
- Aspirin
- Barbituates
- Codeine
- Demerol
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays
- Dyes
- Other
- Other
- Other

check all that apply

Medical Conditions \*

- No Known Medical Conditions
- Abnormal EKG
- Adrenal Insufficiency
- Alzheimer's
- Angina
- Asthma
- Bleeding Disorder
- Coronary Bypass Graft
- Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hypertension
- Hypoglycemia
- Heart Disease
- Congestive Heart Failure

Check all that apply

Medical Conditions

- Laryngectomy
- Leukemia
- Lymphomas
- Malignant Hypothermia
- Memory Impairment
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Situs Inversus
- Stroke
- Vision Impaired
- Cancer
- Diabetes 2
- Other
- Other
- Other

check all that apply

Surgery 1

Surgery 2

Surgery 3

Surgery 4

Medication	Dosage	Frequency	Medication	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication	Dosage	Frequency	Medication	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication	Dosage	Frequency	Medication	Dosage	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Living Will, Health Directive/Proxy, and locations

Remarks and other information

Submit