KEEP INFORMATION UP TO DATE!! Review At Least Every Six Months! MEDICAL DATA REVIEWED AS OF___MO.__ YR. Sex: M F Name: Address: Doctor: Phone #: Doctor: Phone #: **EMERGENCY CONTACTS** Name: Phone #: Address: Name: Phone #: Address: **MEDICAL DATA** Use pencil for ease in making changes. Special Conditions/Remarks: Medical Problems | Medication Frequency Dosage Phone: Pharmacy: Date of Birth: Soc Sec #: Blood Type: Religion: Health Care Proxy on file at: Living Will on file at:

| Use Pencil for ease in making changes Recent Surgery: Date: | |
|--|--|
| Do you have an EMS-NO CPR Directive or a DNR form ? YES NO Where is it ? | |
| MEDICAL CONDITIONS | |
| Check all that () No known medical conditions () Abnormal EKG () Adrenal Insufficiency (() Angina () Asthma (() Bleeding Disorder () Cancer () Cardiac Dysrhythmia () Cataracts () Clotting Disorder () Coronary Bypass Graft () Dementia() Alzheimer's() () Diabetes/Insulin Dependent () Eye Surgery () Glaucoma () Hearing Impaired () Heart Valve Prosthesis () Other: | t exist) Hemodialysis) Hemolytic Anemia) Hepatitis-Type ()) Hypertension) Hypoglycemia) Laryngectomy) Leukemia) Lymphomas) Memory Impaired) Myasthenla Gravis) Pacemaker) Renal Failure) Seizure Disorder) Sickle Cell Anemia) Stroke) Tuberculosis) Vision Impaired |
| ALLERGIES | |
| () Aspirin () Insect Sting () Barbiturate () Latex () Codeine () Lidocaine () Demerol () Morphine () Horse Serum () Novocaine () Environmental: | s () Penicillin () Sulfa () Tetracycline () X-Rays Dyes () No Known Allergies |
| () Other: | DANOE |
| MEDICAL INSURANCE Med Ins Co: | |
| | |
| Policy #: Other Med Ins Co: | |
| Policy #: | |
| | dicare #: |
| modical in | π. |