



Medical Information Card



KEEP INFORMATION UP TO DATE!

Review Every 6 Months!

Medical Data Last Reviewed on:	Month:	Year:
Name:		
Address:		
Primary Doctor:		
Preferred Hospital:		

EMERGENCY CONTACTS

Name:		
Address:		
Phone#:		
Name:		
Address:		
Phone#:		

MEDICAL INFORMATION

Pencil can be used for ease in making changes.

Medical Conditions/Remarks:		
Medications:	Dosage:	Frequency:

Pharmacy:		
Pharmacy Phone#:		
Date of Birth:		
Blood Type:		
Power of Attorney:		

See back of card for additional information-->

Recent Surgery:		
Date:		
Do you have an EMS-NO CPR Directive or DNR Form? (Circle "yes or no")		
Yes	No	Where's it Located?

MEDICAL CONDITIONS:

Check all conditions that apply!

No known conditions	Hemodialysis
Abnormal EKG	Hemolytic Anemia
Adrenal Insufficiency	Hepatitis-Type []
Angina	Hypertension
Asthma	Hypoglycemia
Bleeding Disorder	Laryngectomy
Cancer	Leukemia
Cardiac Disorder	Lymphomas
Cataracts	Memory Impaired
Clotting Disorders	Myasthenia Gravis
Coronary Bypass Graft	Pacemaker
Dementia/Alzheimer's	Renal Failure
Diabetes	Seizure Disorder
Eye Surgery	Sickle Cell Anemia
Glaucoma	Stroke
Hearing Impaired	Tuberculosis
Heart Valve Prosthesis	Vision Impaired
Other:	

ALLERGIES

Please list all allergies.

	No Known Allergies
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MEDICAL INSURANCE

<i>Medical Insurance Provider:</i>	
<i>Policy #:</i>	<i>Group#:</i>
<i>Medicaid:</i>	<i>Medicare:</i>