

**EMERGENCY MEDICAL INFORMATION**

Name \_\_\_\_\_ Date filled out: \_\_\_\_\_

Address \_\_\_\_\_ Apartment No. \_\_\_\_\_

SS# \_\_\_\_\_ Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Other Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Living Will [yes] [no] copy filed with \_\_\_\_\_

DNR [yes] [no] If yes attach a copy Blood Type \_\_\_\_\_

**In case of emergency, notify:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Health Care Proxy \_\_\_\_\_

**Insurance Information**

Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Other Insurance \_\_\_\_\_

**Allergies**

Medications \_\_\_\_\_

Other allergies \_\_\_\_\_

**Have you ever had (circle "Y" or "N")**

- Heart disease..... Y    N
- Stroke..... Y    N
- High Blood Pressure..... Y    N
- Low Blood Pressure..... Y    N
- Anemia..... Y    N
- Arthritis..... Y    N
- Asthma..... Y    N
- Diabetes..... Y    N
- Epilepsy..... Y    N
- Glaucoma..... Y    N
- Hepatitis..... Y    N
- Lung disease..... Y    N
- Tuberculosis..... Y    N
- Ulcers..... Y    N
- Pace maker..... Y    N

Comments:

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**Any other medical conditions:**

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**Current Medications:**

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**MEDIC  
ALERT**

**Emergency Medical  
Information Inside**



*Bangs* Ambulance  
**273-1161**