

MEDICAL INFORMATION FORM

Please complete the following information. It will assist Police, Fire and Ambulance personnel in helping you in an emergency if you are unable to communicate with them. Always keep this form with you; you may want to fold it and keep it in your wallet. Take this form to all doctor and hospital visits.

Name _____

Address _____

Phone _____

Emergency Contact/Phone _____

Birth Date _____ Marital Status _____

Social Security # _____ Religion _____

Blood Type _____

Physician _____

Physician's Phone _____

Hospital Preference _____

Is "Do Not Resuscitate" in effect? YES / NO

IMMUNIZATION RECORD (record date/year of last dose taken, if known)

Tetanus _____

Pneumonia Vaccine _____

Flu Vaccine(s) _____

Hepatitis B Vaccine _____

Other _____

EXISTING MEDICAL CONDITIONS & Date Diagnosed:

(list all current and previous conditions)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

RECENT SURGERY? Describe: _____

ALLERGIC TO / Describe reaction:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Do you have an Epi-Pen? Y / N If yes, where is it? _____

OTHER MEDICAL CONDITIONS – circle all current conditions:

- | | | |
|----------------|--------------------------------------|------------|
| Contact Lenses | Hearing Aid | Use Walker |
| Dentures | Medic Alert | Wheelchair |
| Eye Glasses | Prosthesis (if yes, describe: _____) | |

MEDICATION LISTING

List all medications you are currently taking; include prescription and over-the-counter medications, herbals and medications taken only as needed.

| Name of Medication/Dose | Directions | Reason for Taking |
|-------------------------|------------|-------------------|
|-------------------------|------------|-------------------|

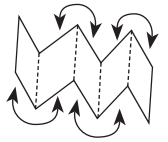
Form completed on this date: _____

To obtain new forms, visit www.christuspatrick.org

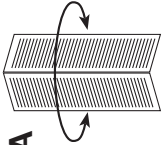


CHRISTUS ST. PATRICK
Hospital

Because You Expect More.®



B



A

INSTRUCTIONS:

- 1) Print page and fill in all relevant information.
- 2) Trim form along solid line
- 3) Fold form down the center - information facing out. (fig A)
- 4) Fold along dotted lines on back - in a zig-zag fashion. (fig B)
- 5) Place in wallet or billfold.
- 6) **REMINDER: Update information regularly.**