EMERGENCY MEDICAL INFORMATION FORM

Complete this form and add it to your "Emergency-Go-Bag." Your bag should contain bottles of medicine you are currently taking, any advanced directive paperwork, and this form to help your health care providers such as EMS and your emergency room physicians and nurses treat you.

Today's Date: _____________ Your Date of Birth: __________________ Blood Type:________

Your Name:____

Address:____

City:_________________________________ St:_________________ Zip:___________________

Home Phone #:_________________________ Cell Phone #:______________________________

Is your primary language English: Yes No If no, what is your primary language:___________

Physician and Medical Specialists Information

Primary Care Physician Name:_____________________ Phone: _________________________

Specialist Name: _________________________________ Phone:_________________________

Specialist Name__________________________________ Phone: _________________________

Do you have any advanced directives? (circle all that apply):

Living Will Do Not Resuscitate Allow Natural Death

Emergency Contacts, Caregivers or Healthcare Surrogate

Name #1: ____________________________________ Relationship:_______________________

Home Phone #: ________________________________ Cell Phone #:_______________________

Address: _____________________________________ State: _____ Zip: ____________________

Name #2: ____________________________________ Relationship: _______________________

Home Phone #: ________________________________ Cell Phone #:_______________________

Address: ______________________________________ State: _____ Zip: ___________________

List of Medical Conditions or Surgeries

1: ____

2: ____

3: ____

4: ____

5: ____

6. ____

7. ____

8. ____

9. ____

10. ____

Drug Allergies:______________________ _________________________ ______________________

Medication	**Dosage**	**Frequency**	**Condition**

Other Necessary Information You Wish to Share:

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**** This form should be kept up-to-date and placed in your "Emergency Go Bag."**