

Emergency Medical Information Sheet

(For emergency personnel • One per person • Print legibly & update as needed • Place in sealed plastic bag marked Emergency Medical Info • Store in refrigerator • Keep extra copy in car)

Full Name _____ Age _____
Date of Birth _____ Soc. Sec. No. _____ M / F _____
Local Address _____
Phone _____ Mobile _____
Home Address _____

Allergies (Medication and otherwise)

Current Medications (Attach list if needed)

Name • Generic (Y/N) • MGs • Dosage • Reason taking

Please attach extra pages as needed.

Medical History (Describe surgeries & outcomes, procedures or current under doctor care for include date: year & month)

Please attach extra pages as needed.

Doctors Name • Clinic (Y/N) • Address • Phone number

Home Physician Name • Clinic (Y/N) • Address • Phone number

Hospital Records Hospital Name • Address • Phone number

Hospital Preference (Hospital preference granted based on medical situation.)

Insurance Information

Medicare/Medicaid Claim No. _____

Type _____ Effective _____

Type _____ Effective _____

Medical Veteran Benefits (Y/N) ___ Card (Y/N) ___

Primary and/or Supplemental Insurance

Company _____

Plan & Policy ID No. _____

Claim Address _____

Authorization / Contact Phone No. _____

Company _____

Plan & Policy ID No. _____

Claim Address _____

Authorization / Contact Phone No. _____

Please attach extra pages as needed.

Air Flight Coverage Info _____

Other Information

Home Mortician _____ Phone _____

Funeral Plan Company _____

In Case of Emergency Contacts

Name • Address • Phone number • Relationship to you (Family relationship, Friend)

Add Any Additional Information As Needed
