

## EMERGENCY MEDICAL INFORMATION

It is important to complete this form, place in an envelope, label the envelope “**EMERGENCY MEDICAL INFORMATION**”. Update information when any changes occur.

In a medical emergency, paramedics look at the patient’s refrigerator door or bathroom medicine cabinet (mirror if no medicine cabinet) to locate an envelope labeled “**EMERGENCY MEDICAL INFORMATION**”. If you are unable to verbally respond, this information could be vital in saving your life!

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ POLICY # \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**Medical Information:**

MEDICAL PROBLEM	MEDICATION & DOSE	MEDICATION & DOSE
<b>ALLERGIES</b>		

In case of emergency, call:

Name: \_\_\_\_\_, Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_