Name: _____

Address: _____

Date of Birth: _____

☐ Male ☐ Female

EMERGENCY CONTACTS

Name: _____

Address: _____

_____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Address: _____

_____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

MEDICAL DATA

Last Updated: _____

Doctor Name: _____

Doctor Name: _____

Blood Type: _____

Phone: _____

Phone: _____

MEDICAL PROBLEM	MEDICATION	DOSAGE	FREQUENCY

Religion: _____

Do you have a living will? ☐ Yes ☐ No

On file at: _____

Do you have a healthcare proxy? ☐ Yes ☐ No

On file at: _____

Do you have a power of attorney? ☐ Yes ☐ No

On file at: _____

Do you have an EMS-NO CPR Directive or DNR Form? ☐ Yes ☐ No

On file at: _____

MEDIAL CONDITION CHECKLIST

- ☐ No known medical conditions
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrhythmia
- ☐ Cataracts
- ☐ Clotting Disorder
- ☐ Coronary Bypass Graft
- ☐ Dementia
- ☐ Alzheimer's
- ☐ Diabetes/Insulin Dependent
- ☐ Eye Surgery
- ☐ Glaucoma
- ☐ Hearing Impaired
- ☐ Heart Value Prosthesis
- ☐ Hemodialysis
- ☐ Hemolytic Anemia
- ☐ Hepatitis – Type _____
- ☐ Hypertension
- ☐ Hypoglycemia
- ☐ Implantable Devices: _____
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired
- ☐ Other: _____

ALLERGIES

- ☐ No known allergies
- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ Environmental: _____

For more information, please visit
SeniorEmergencyKit.com