EMERGENCY CHECKLIST

Name: ..... **Date of Birth:** .....

Address: .....

Religion: ..... ❑ Male ❑ Female

Emergency Contacts

Name: .....

Address: .....

Relation: .....

Home Phone: ..... Work Phone: .....

Cell Phone: .....

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: .....

Do you have a living will? ..... ❑ **Yes** ❑ **No**

Located: .....

Do you have a healthcare proxy? ..... ❑ Yes ❑ No

Located: .....

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

Located: .....

Who is authorized to have access to your protected medical information?

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HIPPA release located: .....

MEDICAL PROBLEM	MEDICATION	DOSAGE	FREQUENCY

Medical 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 Valve Prosthesis
- ❑ Hemodialysis
- ❑ Hemolytic Anemia
- ❑ Hepatitis—Type .....
- ❑ Hypertension
- ❑ Hypoglycemia
- ❑ Implantable Devices: .....
- ❑ Laryngectomy
- ❑ Leukemia
- ❑ Lymphoma
- ❑ Memory Impaired
- ❑ Myasthenia Gravis
- ❑ Pacemaker
- ❑ Renal Failure
- ❑ Seizure Disorder
- ❑ Sickle Cell Anemia
- ❑ Stroke
- ❑ Tuberculosis
- ❑ Vision Impaired
- ❑ Other: .....

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Allergies

- ❑ No known allergies
- ❑ Aspirin
- ❑ Barbiturate
- ❑ Codeine
- ❑ Demerol
- ❑ Insect Stings
- ❑ Latex
- ❑ Lidocaine
- ❑ Morphine
- ❑ Novocain
- ❑ Penicillin
- ❑ Sulfa
- ❑ Tetracycline
- ❑ X-Rays Dyes
- ❑ Environmental: .....

Notes