

Medications:

NAME Dosage Frequency

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| | | |

Your Doctors' Information:

DOCTOR'S NAME: _____

FIRST

LAST

SPECIALTY: _____

Phone: _____

DAY

CELL

DOCTOR'S NAME: _____

FIRST

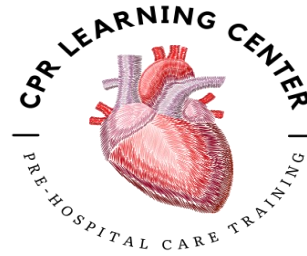
LAST

SPECIALTY: _____

Phone: _____

DAY

CELL



Learn CPR. Save a life!

If you need assistance filling out this form call (914) 494-1402

Hang this information on the inside doorknob of your house or apartment's entry/exit door.

Please use a pencil and print clearly. Keep this information up-to-date. Make and keep copies.



If I Get Sick Or Injured

Name: _____

Address: _____

City: _____ St: _____ Zip _____ Apt _____

Preferred Hospital: _____



Information for EMS Workers,
Physicians and other
Health Care Professionals

ABOUT YOU

Please use a pencil, print clearly and update regularly!

Place in a clear Zip Lock bag

NAME: _____

FIRST

LAST

D.O.B _____ Gender : Male Female

Phone _____

DAY

CELL

Language: _____ ENGLISH ? YES NO

RELIGION: _____ MARTIAL STATUS: _____

NAME OF SPOUSE: _____

ORGAN DONOR? YES NO

Your Medical Information

CARDIAC PATIENT? YES NO

Diabetic ? Type _____ YES NO

PACEMAKER YES NO

ALLERGIES TO MEDICATIONS? YES NO

If yes, list : _____

MEDICAL CONDITIONS: _____

EMS "NO CPR" DIRECTIVE YES NO

*DO NOT RESUSCITATE ORDER? YES NO

*HEALTHCARE PROXY? YES NO

*LIVING WILL? YES NO

*MOLST YES NO

Your Insurance Information

COMPANY: _____

Member ID: _____ Group # _____

MEDICARE ID #: _____

CARD #: _____

Supplemental Insurance/ "Medigap"

COMPANY: _____

POLICY #: _____

Supplemental Insurance/ "Medigap"

COMPANY: _____

POLICY #: _____

Please use a pencil, print clearly and update regularly!

Hang this information on the inside doorknob of

Your house or apartment entry/exit door.

*** PUT IN CLEAR ZIP LOCK BAG ***

Emergency Contacts

Indicate two people to contact in case of an emergency

NAME: _____

FIRST

LAST

AGE

PHONE: _____

DAY

NIGHT

CELL

ADDRESS: _____

STREET

CITY

STATE

ZIP

RELATIONSHIP: _____

NAME: _____

FIRST

LAST

AGE

PHONE: _____

DAY

NIGHT

CELL

ADDRESS: _____

STREET

CITY

STATE

ZIP

RELATIONSHIP: _____