

# Emergency Medical Information

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| Name   | Date of Birth  |
| Address  | Insurance/Medicare ID  |
| Preferred Hospital (Name and Address)  |  |
| Medications/Supplements (include dosages)  | Allergies/Dietary Restrictions   |
| <ul style="list-style-type: none"> <li>• Blood Type _____</li> <li>• DNR Order Filed?    YES   NO<br/>  Location _____</li> <li>• DNI Order Filed?    YES   NO<br/>  Location _____</li> </ul> | <ul style="list-style-type: none"> <li>• Location of Health Care Directive<br/>  _____</li> <li>• Location of Will<br/>  _____</li> <li>• Name, Power of Attorney<br/>  _____</li> </ul> |
| <b>Medical Providers</b>   | <b>Friends and Family</b>  |
| Primary Physician _____<br>Phone _____   | Name _____<br>Relationship _____<br>Phone _____  |
| Specialist 1 _____<br>Phone _____  | Name _____<br>Relationship _____<br>Phone _____  |
| Specialist 2 _____<br>Phone _____  | Name _____<br>Relationship _____<br>Phone _____  |
| <b>Miscellaneous Information</b>   |  |
| (Include pet care instructions, contact for property manager, location of important documents, etc. Use back of form if necessary.)  |  |
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