

MEDICAL EMERGENCY INFORMATION

Please place this card on the outside of your refrigerator. It is your responsibility to keep the information on this card current.

Date Completed

Information Name DOB M	Advanced Directives DNR - Do Not Resuscitate Location POLST - Physician Orders for Life-Sustaining Treatment Location Medical Conditions/Surgeries
MEDICATION DOSAGE FREQUENCY	□ No known medical conditions □ Angina □ Asthma □ Blood Thinners □ Cancer □ Congestive Heart Failure (CHF) □ Chronic Obstructive Pulmonary Disease (COPD) □ Dementia / Alzheimer's □ Diabetes □ Hearing Impaired □ Hemodialysis □ Hypoglycemia □ Implanted Defibrillator □ Pacemaker □ Seizure Disorder □ Stroke □ Other:
	Allergies (List any severe allergies) No know allergies Aspirin Codeine Latex Morphine Penicillin Sulfa X-Ray dyes Other:

Emergency Contact

1. Name	Phone
	Relationship
2. Name Secondary Phone	Primary Phone Relationship
Physician(s)	Glasses/Hearing Aids/Dentures
1. Name	Do you wear glasses? ☐ Yes ☐ No
Phone	D =
2. NamePhone	
Notes:	

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