KEEP INFORMATION UP TO DATE!!
Review At Least Every Six Months!

MEDICAL DATA REVIEWED AS OF (MM/YY)

Name: Sex

Address:

Doctor: Phone:

Preferred Hospital:

Recent Surgeries – Description and Date:

Do you have an EMS-NO CPR Directive or a DNR form?
Yes ☐ No ☐ If 'Yes', list location on next line.

EMERGENCY CONTACTS

Name: Phone:

Address:

Name: Phone:

Address:

MEDICAL DATA

Special Conditions/Remarks:

Medication	Dosage	Frequency

Pharmacy: Phone:

Date of Birth (MM/DD/YYYY):

Blood Type: Religion:

Health Care Proxy on file at:

Living Will on file at:

MEDICAL CONDITIONS

Check all that exist

- ☐ No known medical conditions
- ☐ Abnormal EKG
- ☐ Adrenal Insufficiency
- ☐ Angina
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiac Dysrythymia
- ☐ 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
- ☐ Laryngectomy
- ☐ Leukemia
- ☐ Lymphomas
- ☐ Memory Impaired
- ☐ Myasthenia Gravis
- ☐ Pacemaker
- ☐ Renal Failure
- ☐ Seizure Disorder
- ☐ Sickle Cell Anemia
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Vision Impaired
- ☐ Other

ALLERGIES

- ☐ Aspirin
- ☐ Barbituate
- ☐ Codeine
- ☐ Demerol
- ☐ Horse Serum
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies
- ☐ Environmental:
- ☐ Other:

MEDICAL INSURANCE

Med Ins Co:

Policy #:

Other Med Ins Co:

Policy #:

Medicaid #:

Medicare #:

Content based on the FILE OF LIFE card. This fill-in-the-blanks form was created for the Fearrington Homeowners Association, Pittsboro, NC, 27312.