

SAMPLE MEDICAL EMERGENCY DATA CARD

INSERT IN FRAME ON BACK OF DOOR. GIVE CARD TO ATTENDANT
ACCOMPANYING OCCUPANT TO HOSPITAL.

DATE CARD COMPLETED _____

NAME _____

ADDRESS _____

TEL. # _____ DATE OF BIRTH _____

PHYSICIAN'S NAME _____

ADDRESS _____

TEL. # _____

HOSPITAL OF CHOICE _____

AMBULANCE SERVICE _____

HEALTH INSURANCE _____

COVERS HOSPITALIZATION MEDICAL PLAN OR CONTACT # _____

MEDICARE # _____ MEDICAID # _____

NEXT OF KIN/CONTACT PERSON _____

RELATIONSHIP _____ TEL. # _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

BUSINESS TEL. # _____

ALTERNATE CONTACT PERSON _____

RELATIONSHIP _____ TEL. # _____

ADDRESS _____

RELIGIOUS AFFILIATION _____

CHURCH OR SYNAGOGUE _____

ADDRESS: _____

CLERGYMAN _____ TEL. # _____

ALLERGIES OR DRUG SENSITIVITY _____

PAST ILLNESSES OR OPERATIONS _____

CURRENT HEALTH CONDITIONS: List illness / condition that you're being treated for
or that might require treatment.

MEDICINES YOU'RE CURRENTLY TAKING

NAME OF MEDICINE	DOSAGE	Rx#	PHARMACY
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OTHER REMARKS _____
