

Fill out this form, print it, and put it in a prominent place (such as on your refrigerator) so emergency personnel can easily locate it in an emergency. You may also want to print a copy to carry with you in your purse or wallet. Be sure to keep your information current.

Personal Information

In order to properly fill out, save and submit this PDF form, open it in Internet Explorer or save it locally and open using Adobe Reader or Acrobat.

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Birth Date:

Sex: Male Female

Social Security #:

Private Insurance:

Private Insurance:

Medicare #:

Medicaid #:

Family Physician:

Physician Phone:

Specialist:

Specialist Phone:

Hospital Preference:

Medical History

Heart Condition: Yes No

Pacemaker: Yes No

High Blood Pressure: Yes No

Normal Reading for Person:

BP:

Date:

Diabetes: Yes No

If yes, please specify:

Type:

Amount:

Time:

Pills:

Dose:

Diet:

Glasses: Yes No

Dentures: Yes No

Emphysema: Yes No

Arthritis: Yes No

Asthma: Yes No

Thyroid: Yes No

Cancer: Yes No

Memory Problem: Yes No

Parkinson's: Yes No

Hearing Impairment: Yes No

Contacts: Yes No

Other:

Date of last tetanus shot:

Medications & Instructions:

Where I keep my medications:

Allergies:

Special Health Problems:

Emergency Contact

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Name of others in household:

Care Preferences

Do you have a living will?: Yes No

If yes, please specify:

Name:

Address:

City:

State:

Zip Code:

Phone Number (Include Area Code):

Preferred Skilled Nursing Facility:

Preferred Hospital:

Preferred Home Care Agency: Senior Independence