

RECENT SURGERY:

Date:

Living Will on file at:

Health Care Proxy on file at:

Do you have an EMS-NO CPR Directive or DNR form? (circle one)

Yes

No

If yes, where is it located? (It **MUST** be you with you at all times)

MEDICAL CONDITIONS

(check all that exist)

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Alzheimer's
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia
- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis - Type ()
- Hypertension
- Hypoglycemia
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired
- Other :

Special Conditions/Remarks:

ALLERGIES

- None Known
- Aspirin
- Babiturate
- Codeine
- Demerol
- Environmental:
- Other:
- Horse Serum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Ray Dyes

MEDICAL INSURANCE

Medical Insurance Company:

Policy Number:

Other Medical Insurance Company:

Policy Number:

Medicaid Number:

Medicare Number: