MEDICAL INFORMATION

DATE:

PHONE #: _____ PERSONAL INFORMATION

911 - Grab-n-Go
BE PREPARED FOR A MEDICAL EMERGENCY
www.911grabngo.com

INSERT PHOTO BY COMPUTER OR PASTE PICTURE HERE IF HANDWRITING; AND MAKE COPIES

NAME:

DATE OF BIRTH:

ADDRESS:

CITY/STATE/ZIP:

Copy of Insurance Cards in Bag? ☐ YES ☐ NO

BLOOD TYPE (IF KNOWN): _____ **DNR?** ☐ YES ☐ NO

Chronic Conditions (check all that apply):

☐ High Blood Pressure ☐ Diabetes ☐ Stroke ☐ Autoimmune ☐ Seizures

Other Major or Chronic Illnesses (describe):

DO YOU HAVE OR WEAR (check all that apply:

DENTURES ☐ HEARING AIDS ☐ PROSTHETICS ☐ CARDIAC STENT ☐ PACEMAKER ☐

MEDICATIONS: (INCLUDE PRESCRIPTIONS, VITAMINS & OVER-THE-COUNTER)

NAME	DOSAGE	FREQUENCY	CONDITION

Preferred Hospital: _____ Imaging Files: _____

COPIES OF DNR, INSURANCE INFO, POA DOCUMENTS NEED TO BE INCLUDED IN THE BAG AND ANY RECENT LABS, HOSPITALIZATIONS/SURGERY NOTES. THIS FORM NEEDS TO BE UPDATED ANYTIME MEDICATIONS OR MEDICAL CONDITIONS CHANGE. HANG BAG ON A DOOR HANDLE WHERE IT IS EASILY VISIBLE AND QUICKLY ACCESSED IN CASE OF EMERGENCY.

THIS DOCUMENT IS ***NOT MEANT*** AS A COMPLETE MEDICAL HISTORY - FOR EMERGENCY OR QUICK INFO ONLY

IF YOU NEED MORE SPACE, PRINT EXTRA PAGES. KEEP AT LEAST 3-6 COPIES IN SEE-THRU WINDOW IN BAG.

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EMERGENCY CONTACTS: include POA or Guardian

FULL NAME	PHONE NUMBER(S)	RELATIONSHIP	POA or Guardian
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

PHYSICIANS:

FULL NAME / PRACTICE	PHONE NUMBER(S)	SPECIALTY

PHARMACY: _____

KNOWN ALLERGENS:

NAME	REACTION

I HAVE PET(S) AT HOME:

TYPE	WHO TO CONTACT / PHONE	KEY TO HOUSE

OTHER NOTES: