

MEDICAL INFORMATION

DATE:



PHONE #:

PERSONAL INFORMATION

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 ☐ NOBLOOD 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 |
|------|--------|-----------|-----------|
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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.

Need a fresh form? Download from www.911grabngo.com

EMERGENCY CONTACTS: include POA or Guardian

| FULL NAME | PHONE NUMBER(S) | RELATIONSHIP | POA or Guardian |
|-----------|-----------------|--------------|--|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> 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 |
|------|------------------------|--------------|
| | | Yes No |
| | | Yes No |

OTHER NOTES:

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