

Directions for Medical Information Forms

- 1. Print Information Clearly.**
- 2. Copy your insurance card(s), front and back. Copiers are available at Shop 'N Save, Schnucks, Office Depot, Kinkos**
- 3. Include a copy of:**
 - A. Medical Power of Attorney**
 - B. Health Care Directive**
- 4. Please keep a packet of this information**
 - A. in your home with easy availability.**
 - B. in your automobile.**
 - C. in your purse.**

MEDICAL INFORMATION

Name _____

Address _____

City _____

State _____ **Zip** _____

Social Security # _____

Phone # _____ **Cell** _____

Birth date _____ **Age** _____

Allergies _____

Physician Name _____

Phone Number _____

Physician Name _____

Phone Number _____

Emergency Contact

Name _____

Phone Number _____

Cell Number _____

Emergency Contact

Name _____

Phone Number _____

Cell Number _____

Check all that apply:

Eye glasses _____

Contacts _____

Cane _____

Crutches _____

Walker _____

Hearing Aides: Right _____ **Left** _____

Prosthesis _____

Dentures:

Upper _____ **Lower** _____ **other** _____

Medical History: Check all that apply:

Cancer _____

Diabetes _____

Stroke (Cva or Tia) _____

High Blood Pressure _____

Alzheimer's Disease _____

Seizures (Epilepsy) _____

Other _____

Supplements, vitamins, herbs

CURRENT CONDITIONS

DATE _____ **TIME** _____

What Happened?
