

Medical Information Form

Date Completed:

FIRST NAME		INITIAL	LAST NAME			TELEPHONE
STREET			CITY	STATE	ZIP	EMAIL ADDRESS
DOB	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE
HEARING AID YES NO	EYE GLASSES/CONTACTS YES NO		DENTURES UPPER LOWER		UNABLE TO SPEAK <input type="checkbox"/>	PRIMARY LANGUAGE
PRIMARY INS/SUPPLEMENTAL INS						
Identifying Marks:						
Current Medical Conditions:						
Past Medical Conditions:						
Last Hospitalization:						
Allergies to Medications:						
Current Medications - Dosage & Frequency:						
Primary Care Physician's Name and Phone Number						
Emergency Contact - Name, Address, Phone Number & Relationship						

REMEMBER TO PRINT CLEARLY AND FOLLOW INSTRUCTIONS ON THE BACK

REMINDER: Keep the completed form at home! Do NOT mail back.

MHP-06841A

Instructions for Medical Information Form

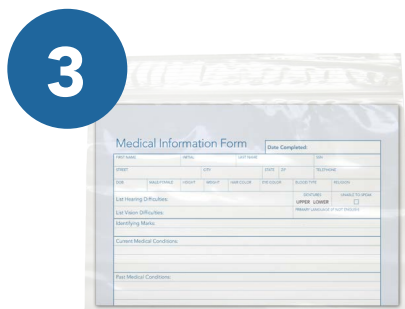
REMINDER: Keep the completed form at home! Do NOT mail back.



Make blank copies of this form in order to update it and keep it current.



Fill out the Medical Information located on the opposite side and answer as many questions as possible.



Fold the completed form in half and place it in a plastic bag with the top part facing the front of the bag.



Secure your plastic bag on the front of your fridge using tape. This may help responders easily find your complete medical information. You may also choose to keep a copy in your wallet or handbag.

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Remember to always update your form any time there is a change in information.