

**LIST ALL MEDICINES YOU
ARE CURRENTLY TAKING**

Please list prescriptions and over-the-counter medications (ex: aspirin, antacids) and herbals (ex: ginseng, ginkgo). Make sure you include medications that you are taking routinely and "as needed."

[illegible]

Update this form whenever you have a change of medication or medical history.

Keep a copy of this form in your File of Life magnetic packet, which should be placed on your refrigerator. A copy of this form also should be kept in your wallet or purse in case of emergency.

EMERGENCY MEDICAL INFORMATION

Date Updated: _____

Name: _____

Address: _____

Sex: Male / Female Date of Birth: _____

Primary Care Doctor: _____

Phone #: _____

Preferred Pharmacy: _____

Phone #: _____

Medical Insurance Co.: _____

Policy #:

Other Medical Insurance: _____

Policy #: _____

Medicare / Medicaid: _____

Policy #: _____

Living Will: Yes / No

Health Care Power of Attorney: Yes / No

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

MEDICAL DATA

Recent Surgeries/Hospitalizations: _____ Date: _____

(over)

(check all that apply)

(check all that apply)

Update this form whenever you have a change of medication or medical history.

(Use pencil on this form to allow for easy changing)

Date Updated: _____

Name: _____

Address: _____

Sex: Male / Female Date of Birth: _____

Primary Care Doctor: _____

Phone #: _____

Preferred Pharmacy: _____

Phone #:

Medical Insurance Co.:

Policy #:

Other Medical Insurance:

Policy #: _____

Medicare / Medicaid:

Policy #:

MEDICINE ALLERGIES/REACTIONS (describe reaction)

Drug: _____ Reaction: _____

[illegible]

