

MEDICAL INFORMATION

IMPORTANT – KEEP THIS INFORMATION UP TO DATE

Review at Least Every 6 Months: Updated as of _____

Please complete this form and put a **copy in the medicine bottle provided, then place bottle in your refrigerator**. Use the back of this sheet for additional information if necessary. Please carry the **wallet size** form (see below) with you. Thank you!!

Please Print

Name	Date of Birth
Address	Religion
	Blood Type
	Social Security
Medical Insurance (s)	
Allergies – Food and Medicine	
Medical History	
Surgical History	
Medications	

EMERGENCY CONTACTS

Name	Relationship	Phone (area code)
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Physician		Phone (area code)
Pharmacy		Phone (area code)
NO CPR/DNR (do not resuscitate directive)	Yes	No
If Yes, where is it located?		
Special Instructions – e.g. Funeral Home		

... *Cut Here and Place in your Wallet* ...

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