



**Medical Conditions—Check all that apply**

- ◆ No known condition
- ◆ Abnormal EKG
- ◆ Adrenal Insufficiency
- ◆ Angina
- ◆ Asthema
- ◆ Bleeding Disorder
- ◆ Cancer
- ◆ Cardiac Dysrhythmia
- ◆ Cataracts
- ◆ Clotting Disorder
- ◆ Coronary Bypass
- ◆ Dementia
- ◆ Diabetes
- ◆ Eye Surgery
- ◆ Glaucoma
- ◆ Hearing Impaired
- ◆ Heart Valve Prosth.
- ◆ Hemodialysis
- ◆ Hemolytic Anemia
- ◆ Hepatitis-Type ( )
- ◆ Hypertension
- ◆ Hypoglycemia
- ◆ Laryngectomy
- ◆ Lukemia
- ◆ Lymphomas
- ◆ Memory Impaired
- ◆ Myasthenia Gravis
- ◆ Pacemaker
- ◆ Renal Failure
- ◆ Seizure Disorder
- ◆ Sickle Cell Anemia
- ◆ Stroke
- ◆ Tuberculosis
- ◆ Vision Impaired

**Allergies—Check all that apply**

- ◆ Aspirin
- ◆ Barbiturate
- ◆ Codine
- ◆ Demerol
- ◆ Novocain
- ◆ Penicillian
- ◆ Lidocaine
- ◆ Sulfa
- ◆ Tetracycline
- ◆ Morphine
- ◆ Insect Stings
- ◆ Latex
- ◆ X-ray dyes

Recent surgery: \_\_\_\_\_ date: \_\_\_\_\_

Other: \_\_\_\_\_

Environmental: \_\_\_\_\_

**Medical Insurance**

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Med. Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medicaid#: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Living will on file at: \_\_\_\_\_

Health care proxy on file at: \_\_\_\_\_

Do you have EMS-NO CPR Directive or a DNR form? Y/N

Where is it located? \_\_\_\_\_



Keep information up to date

Medical Data as of Mo. Yr.

Name: \_\_\_\_\_

Sex: M F Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Care Staff: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Information**

Special Condition(s): \_\_\_\_\_

\_\_\_\_\_

Medication(s)	Dosage	Freqeucy
1. _____		
2. _____		
3. _____		

**Assistive Technology**

Item(s): \_\_\_\_\_

Medical Equipment: \_\_\_\_\_

Communication Deice: \_\_\_\_\_

Helping animals: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Religion: \_\_\_\_\_