# Medical Emergency Information

## Personal Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | First Name | | | | | Middle Initial | |
| Date of Birth |  | Sex |  | | Weight |  | Blood Type | | |  |
| Address | | | | | | | | | | |
| City | | | | State | | | | Zip Code | | |
| Primary Insurance Co. | | | | | Secondary Insurance Co. | | | | | |
| Primary Insurance Numbers & Group | | | | | Secondary Insurance Numbers & Group | | | | | |

## Emergency Contact Information

|  |  |
| --- | --- |
| Primary Physician | Physician Phone Number |
| Primary Contact Name & Relationship | Primary Contact Phone Numbers |
| Secondary Contact Name & Relationship | Secondary Contact Phone Numbers |

## Past Medical History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Allergies ⬜ None  ⬜ Unknown  Medical Allergies: | | Cardiac ⬜ None  ⬜ Unknown  ⬜ Angina  ⬜ Arrhythmia  ⬜ Cardiomyopathy  ⬜ CHF  ⬜ Congenital  ⬜ Implanted Defib  ⬜ MI  Other | | Surgery ⬜ None  ⬜ Unknown  ⬜ Abdominal  ⬜ Heart  ⬜ Lung  ⬜ Neurological  Other | |
| Chronic Illnesses (Check all that apply) | | | | | |
| ⬜ None  ⬜ Asthma  ⬜ Bleeding Disorder  ⬜ Cancer  ⬜ COPD | ⬜ CVA / TIA  ⬜ Diabetic  ⬜ Dialysis/Renal  ⬜ Gastrointestinal  ⬜ Headaches | | ⬜ Hepatitis  ⬜ HIV +  ⬜ Hypertension  ⬜ Paralysis  ⬜ Psychological | | ⬜ Seizures  ⬜ Substance Abuse  ⬜ TB  ⬜ Unknown  Other |
| Current Medications ⬜ None ⬜ Unknown | | | | | |

|  |
| --- |
| Additional Information |