

MEDICAL EMERGENCY DATA

PERSONAL INFORMATION

Name: _____

Address: _____

Date of birth: _____

Religion: _____

Living will on file at: _____

Advanced Medical Directive files at: _____

Do you have an EMS-NO CPR Directive form?

 Yes No

Where is it located? _____

EMERGENCY CONTACTS

PRIMARY CONTACT

Name: _____

Phone: _____

Address: _____

Relation: _____

SECONDARY CONTACT

Name: _____

Phone: _____

Address: _____

Relation: _____

MEDICAL INSURANCE

Insurance company: _____

Member ID: _____

Other Med. Ins.: _____

Member ID: _____

Medicare#: _____

Medi-Cal#: _____

MEDICAL DATA

Doctor phone: _____

Doctor phone: _____

Blood type: _____

Medical conditions: _____

Recent surgeries (Include date): _____

MEDICATIONS

Medication	Dosage	Frequency

Allergies: _____



ALLERGIES and CONDITIONS

Do you have allergies or medical conditions that might affect your healthcare? Make sure emergency medical workers know about allergies and medical conditions by filling out the chart below.

(Include foods, seasonal allergies, and/or medications and conditions, such as heart problems, diabetes, arthritis, respiratory issues, etc.)

PERSONAL INFORMATION

IMPORTANT INFORMATION FOR: _____

Address: _____

Date of birth: _____ Phone: _____

ALLERGIES/ CONDITIONS	SIGNS/ SYMPTOMS	MEDICATION	EMERGENCY TREATMENTS OR OTHER IMPORTANT INFORMATION



MEDICATION TRACKER

When you keep track of your loved one's medicine intake, it helps prevent accidents. Show this list to doctors and dentists so they can watch out for interactions and side effects.

Make sure you update this list after every doctor or dentist visit. You can

also make copies of this list for relatives or caregivers who are involved with your loved one's care.

List all medicines, including: Prescribed drugs, Over-the-counter (OTC) products, vitamins, herbal products, and other supplements.

PERSONAL INFORMATION

IMPORTANT INFORMATION FOR: _____

Address: _____

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MEDICATION	DESCRIPTION	DOSE	DOSE INSTRUCTIONS	PRESCRIBED BY OR OTC
<i>Example: Ibuprofen</i>	<i>Round, Orange Pill</i>	<i>200 mg</i>	<i>Take 2 tabs each morning with food</i>	<i>Dr. Jones</i>

LEGAL, FINANCIAL & ESTATE PLANNING

Protect yourself and your family with an effective legal and financial estate plan. The checklist below can help you get started.

Select the best professional advisor for you:

- Interview multiple advisors
- Choose one who specializes in your needs
- Verify their credentials(LE~C SA, J.D.C, PAM, BA)

For a comprehensive estate plan you will need the following:

Estate Documents

- Will
- Trust
- Power of attorney for finances
- Power of attorney for healthcare
- Advanced Health Care Directive (AHCD)
- Conservatorship
- HIPAA authorization
- Military service record

Financial Documents

- Investments
- Insurance
- Bank and credit cards
- Real property list
- Deeds to real property
- Credit report
- Tax returns
- Retirement plan

Notes: _____
