

EMERGENCY HEALTH INFORMATION SHEET

Directions: Print information below. Give special attention to current medications and allergies. Keep the form updated.

Location: Place the form on the front of your refrigerator and/or other visible location.

Personal Data

Date Revised: _____

Name: _____ Sex: M F Age: _____ DOB: _____

Address: _____ City/State: _____ Phone: _____

Emergency Contact

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ City/State: _____ Other Phone: _____

Name: _____ Relationship: _____ Home Phone: _____

Address: _____ City/State: _____ Other Phone: _____

Medical Coverage

SSN: _____ Medicare #: _____ Medicaid #: _____

Primary Insurance: _____ Policy #: _____ Ins. Phone: _____

Secondary Insurance: _____ Policy #: _____ Ins. Phone: _____

Primary Doctor: _____ Phone: _____

Secondary Doctor: _____ Phone: _____

Preferred Hospital: _____

In and emergency, transport will be to the closest hospital.

Health Information

(Use back of sheet if more room is needed.)

Allergies to Medications: _____

Medications You Are Currently on and the Dosages.

Medication	Dose	Medication	Dose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____