

KEEP INFORMATION UP TO DATE

Name: _____ Sex: M F

Address: _____ Date of Birth: / /

Own Guardian? YES NO (if NO, fill in below)

Guardian Name: _____

Address: _____

Emergency Phone #: _____

Guardianship Status (full, limited, etc.): _____

EMERGENCY CONTACTS

Name: _____

Address: _____

Emergency Phone #: _____

Relation: _____

Name: _____

Address: _____

Emergency Phone #: _____

Relation: _____

ALARM COMPANY

Phone #/Pass Code for Alarm Company: _____

"POINT OF SAFETY"

Identify the safe place outside your home you would go in case of a fire (e.g.; neighbors driveway, tree at end of block, mailbox, etc.):

COMMUNICATION
(“X” all areas that apply)

Cannot Speak English

Non-Verbal

Language: _____

Uses Sign Language

Uses Communication

Device(s) _____

Religion: _____

Living Will on file at: _____

Health Care Proxy on file at: _____

Do you have a DNR Form? YES NO

Where is it located? _____

Medical Data

Last Updated: Mo Year Blood Type: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

Medications	

Recent Surgeries	Date

MEDICAL CONDITIONS (check all that exist)

- No known medical conditions
- Abnormal EKG Angina
- Adrenal Insufficiency Asthma
- Bleeding Disorder Cardiac Dysrhythmia
- Clotting Disorder Coronary Bypass Graft
- Dementia Alzheimer’s
- Memory Impaired
- Hypoglycemia Diabetes/Insulin Dependent
- Cataracts Eye Surgery Glaucoma
- Heart Valve Prosthesis Pacemaker
- Hemodialysis Hemolytic Anemia
- Hypertension Laryngectomy
- Leukemia Lymphomas
- Malignant Hypothermia Myasthenla Gravis
- Renal Failure Seizure Disorder
- Sickle Cell Anemia Stroke
- Hearing Impaired Vision Impaired
- Blind Deaf
- Other

ALLERGIES (medication, food, other...)

MEDICAL INSURANCE

Med Ins Company: _____

Policy #: _____

Other Med Ins Company: _____

Policy #: _____

Medicaid #: _____

Medicare #: _____