VOLUNTARY EMERGENCY MEDICAL FORM

We Recommend That You Keep This Information Up to Date

MEDICAL DATA UPDATED ON: _______________________

Name: ____ Gender: M F

Address: ____

Doctor: ________________________________ Phone #: ____________________

EMERGENCY CONTACTS

Name: ____________________________ Phone: __________________________

Address: ____

Name: ____________________________ Phone: __________________________

Address: ____

MEDICAL DATA

Special Conditions/Remarks: ____

____

Primary Language: ____

Medical Condition	Medication	Dosage	Frequency

Pharmacy: ______________________________ Phone #: ______________________

Date of Birth: _____________ Age: _______ Blood Type: ______________________

Living Will on file at: ____

Hospital Preferred: ______________________________ Phone #: ______________

Recent Surgery: Date:

____

____

Do you have an EMS-NO CPR Directive or a DNR form? Yes _____ No_____

MEDICAL CONDITIONS (*Check all that exist*)

( ) No known medical conditions
( ) Abnormal EKG
( ) Angina
( ) Asthma
( ) Bleeding Disorder
( ) Cardiac Dysrhythmia
( ) Cataracts ( ) Glaucoma
( ) Clotting Disorder
( ) Coronary Bypass Graft
( ) Dementia ( ) Alzheimer's
( ) Diabetes/Insulin Dependent
( ) Hearing Impaired
( ) Heart Valve Prosthesis
( ) Hemodialysis
( ) Hemolytic Anemia
( ) Hypertension
( ) Hypoglycemia
( ) Laryngectomy
( ) Leukemia
( ) Lymphomas
( ) Memory Impaired
( ) Pacemaker
( ) Renal Failure
( ) Seizure Disorder
( ) Sickle Cell Anemia
( ) Stroke
( ) Vision Impaired
Other ________________________________

ALLERGIES

( ) Aspirin ( ) Horse Serum ( ) Sulfa ( ) Morphine
( ) Barbiturate ( ) Insect Stings ( ) Tetracycline ( ) Penicillin
( ) Codeine ( ) Latex ( ) X-Ray Dyes ( ) None Known
( ) Demerol ( ) Lidocaine ( ) Novocain
( ) Environmental ____
( ) Other ____

MEDICAL INSURANCE

Med Insurance Co.: ____
Other Med Ins. Co.: ____
Funeral Director: ______________________________ Phone No.: _______________________

I'm voluntarily submitting this form to the EHA and I understand that I'm not obligated or mandated to submit this form in order to participate in the EHA housing programs. I also give permission to the EHA staff to contact the above mentioned individuals in case of a serious incident or an emergency.

Resident Signature: ___________________________________ Date: _________________________