

EMERGENCY MEDICAL RECORD

Keep this document on the refrigerator or near the main entrance.

DIAL 911 FOR EMERGENCIES

PATIENT IDENTIFICATION

FULL NAME

Jane D. Smith

DATE OF BIRTH

May 14, 1942

BLOOD TYPE

O Positive

PRIMARY LANGUAGE

English

HOME ADDRESS

123 Maple Avenue, Springfield, IL 62704

EMERGENCY CONTACTS

PRIMARY CONTACT (RELATIONSHIP)

John Smith (Son)

PHONE NUMBER

(555) 010-8899

SECONDARY CONTACT (RELATIONSHIP)

Sarah Miller (Daughter)

PHONE NUMBER

(555) 010-7722

MEDICAL CONDITIONS & ALLERGIES

CHRONIC CONDITIONS

Hypertension, Type 2 Diabetes, Osteoarthritis

ALLERGIES (MEDICATION/FOOD/LATEX)

PENICILLIN, SHELLFISH

CURRENT MEDICATIONS

Medication Name	Dosage	Frequency	Purpose
Lisinopril	10mg	Once Daily (AM)	Blood Pressure
Metformin	500mg	Twice Daily	Diabetes
Atorvastatin	20mg	Nightly	Cholesterol

PHYSICIAN INFORMATION

PRIMARY CARE PHYSICIAN

Dr. Robert Wilson

OFFICE PHONE

(555) 999-1234

PREFERRED HOSPITAL

St. Jude Medical Center

INSURANCE PROVIDER / ID

Medicare / #123-45-XXXX

ADVANCE DIRECTIVES

DNR (DO NOT RESUSCITATE)

YES - On File

HEALTHCARE POWER OF ATTORNEY

John Smith