

EMERGENCY MEDICAL REFERENCE

PERSONAL INFORMATION

Full Name Jane D. Patient

Date of Birth 05/12/1985

Blood Type O+

PRIMARY CONTACTS

ICE Contact (Name/Phone) John Patient / 555-0199

Physician Name/Phone Dr. Smith / 555-0102

Insurance Provider / ID HealthFirst #8822110

ALLERGIES & REACTIONS

Allergen	Severity	Reaction Type
Penicillin	High	Anaphylaxis (Uses EpiPen)
Peanuts	Moderate	Hives / Swelling

CURRENT MEDICATIONS

Medication	Dosage	Frequency
Lisinopril	10mg	Once daily (Morning)
Metformin	500mg	Twice daily (With meals)

MEDICAL CONDITIONS / HISTORY

Hypertension, Type 2 Diabetes, Asthma.