

MEDICAL INFORMATION

Date Completed _____

FIRST NAME			INITIAL		LAST NAME			SOCIAL SECURITY NUMBER		
STREET				CITY		ZIP		TELEPHONE NUMBER		
DATE OF BIRTH	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE	RELIGION			
List hearing difficulties					Dentures Upper Lower		Unable to Speak <input type="checkbox"/>			
List vision difficulties										
					Native Language:					
Identifying Marks										
Current Medical Conditions										
Current Medications: Dosage & Frequency										
Allergies to Medications										
Doctor's Name & Telephone Number										
Last Hospitalization										
Special Instructions; such as health directives, etc.										
Health Insurance Policy										

Emergency Contact Notification – Name – Address – Phone - Relationship
Any additional information you would like to share:

PLACE IN BAG AND ON REFRIDGERATOR DOOR – PLEASE PRINT CLEARLY

Instructions

- Make additional copies of this form in case you need to update it. Additional copies of the form can be found at www.anokacounty.us/crimewatch.
- Complete the form.
- Place the form in a plastic baggie. Label it **MEDICAL INFORMATION**. You may want to consider placing additional information in the bag for responders; such as an additional med sheet, a copy of an EKG, Living Will or Equivalent, DNR, and a recent picture of self.
- Place the baggie on the front of the refrigerator door. Place it at eye level so that anyone responding to a medical emergency can find complete medical information.
- Remember to update the file as your information changes.