Calumet County 920-849-1451
Waupaca County 715-258-6400
Outagamie County 920-832-5178
1-866-739-2372 (TOLL FREE)

KEEP INFORMATION UP TO DATE

Review At Least Every Six Months

Last updated: Mo:______ Yr:________

Name:________________________________ Sex: M F

Address:________________________________

City:____________________State:______________

____

Doctor:__________________Phone #:______________

Doctor:__________________Phone #:______________

EMERGENCY CONTACTS

Name:______________________Phone:______________

Address:________________________________

Name:______________________Phone:______________

Address:________________________________

MEDICAL DATA

Use pencil for ease in making changes

Special Conditions/Remarks:____________________

____

____

Medication	Dosage	Frequency

Preferred Hospital:______________________________

Pharmacy:________________Phone:______________

Date of Birth:____/____/_____Blood Type:______________

Religion:________________________________

Health Care Proxy on file at:____________________

Living Will on File at:__________________________

® FILE OF LIFE SEE ATTACHED FOR ADDITIONAL INFORMATION

Recent Surgery:______________________ Date:__________

____

Do you have an EMS-NO CPR Directive or a DNR form? Yes No Where is it located?

____

MEDICAL CONDITIONS

Check all that exist

- [ ] No known
- [ ] Abnormal EKG
- [ ] Adrenal Insufficiency
- [ ] Angina
- [ ] Asthma
- [ ] Bleeding Disorder
- [ ] Cancer
- [ ] Cardiac Dysrhythmia
- [ ] Cataracts
- [ ] Clotting Disorder
- [ ] Coronary Bypass Graft
- [ ] ☐ Dementia ☐ Alzheimer's
- [ ] Diabetes/Insulin Dependent
- [ ] Eye Surgery
- [ ] Glaucoma
- [ ] Hearing Impaired
- [ ] Heart Valve Prosthesis
- [ ] Other:
- [ ] Hemodialysis
- [ ] Hemolytic Anemia
- [ ] Hepatitis-Type [____]
- [ ] Hypertension
- [ ] Hypoglycemia
- [ ] Laryngectomy
- [ ] Leukemia
- [ ] Lymphomas
- [ ] Memory Impaired
- [ ] Myasthenia Gravis
- [ ] Pacemaker
- [ ] Renal Failure
- [ ] Seizure Disorder
- [ ] Sickle Cell Anemia
- [ ] Stroke
- [ ] Tuberculosis
- [ ] Vision Impaired

ALLERGIES

- [ ] Aspirin
- [ ] Barbiturate
- [ ] Codeine
- [ ] Demerol
- [ ] Horse Serum
- [ ] Insect Stings
- [ ] Latex
- [ ] Lidocaine
- [ ] Morphine
- [ ] Novocaine
- [ ] Penicillin
- [ ] Sulfa
- [ ] Tetracycline
- [ ] X-Rays Dyes
- [ ] No Known
- [ ] Environmental:
- [ ] Other:

MEDICAL INSURANCE

Med Ins. Co:________________________________

Policy #:________________________________

Other Med Ins. Co:__________________________

Policy #:________________________________

Medicaid #:________________________________

Medicare#:________________________________