

TAKE THIS TO THE EMERGENCY ROOM

My Name and Address: _____

My Emergency Contact Information:

Name _____

Phone(s) _____

Medications Currently Taking (include dosage and what the medication is for):

Supplements Currently Taking (vitamins and/or herbal remedies – including dosage and what the supplement is for):

Pre-Existing Medical Conditions:

My Physicians:

Primary Care Doctor (name and number) _____

Specialists (names and numbers) _____

Allergies (list): _____

Recent Surgeries (list type of surgery and dates): _____

Recent Trips Overseas: Yes No

If yes, where and for how long _____

Pregnant: Yes No

Breastfeeding: Yes No

Organ donor: Yes No

Insurance Information: _____