

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 medical conditions
- () Abnormal EKG
- () Adrenal Insufficiency
- () Angina
- () Asthma
- () Bleeding Disorder
- () Cardiac Dysrhythmia
- () Cataracts
- () Clotting Disorder
- () Coronary Bypass Graft
- () Dementia() Alzheimer's()
- () Diabetes/Insulin Dependent
- () Eye Surgery
- () Glaucoma
- () Hearing Impaired
- () Heart Valve Prosthesis
- () Hemodialysis
- () Hemolytic Anemia
- () Hypertension
- () Hypoglycemia
- () Laryngectomy
- () Leukemia
- () Lymphomas
- () Memory Impaired
- () Myasthenia Gravis
- () Pacemaker
- () Renal Failure
- () Seizure Disorder
- () Sickle Cell Anemia
- () Stroke
- () Vision Impaired
- Other _____

ALLERGIES

- () Aspirin
- () Barbiturate
- () Codeine
- () Demerol
- () Environmental
- () Horse Serum
- () Insect Stings
- () Latex
- () Lidocaine
- () Morphine
- () Novocaine
- () Penicillin
- () Sulfa
- () Tetracycline
- () X-Rays Dyes
- () No Known Allergies
- () Other _____

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____ Medicare #: _____