

# Emergency Data & Medication List

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

## Emergency Contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Do you have an Advanced Directive or a DNR form? (Y/N) \_\_\_\_

If so, where is it located? \_\_\_\_\_ Blood type \_\_\_\_\_

## Medical Conditions/Health Issues/Recent Surgeries:

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## Drug and Food Allergies:

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List all prescription medications (RX) and all over-the-counter, including supplements, pain relievers, antacids, laxatives, and herbal remedies. Under Rx, enter 'Y' if it is a prescription.

Medications				
Rx (Y/N)	Name	Strength	Form (tablet, liquid, etc.)	How often taken?

Date last updated \_\_\_\_\_

**Keep this information on your refrigerator and/or inside your medicine cabinet and put a copy in your wallet or purse.**