

Use Pencil for ease in making changes

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

ALLERGIES

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

MEDICAL INSURANCE

Med Ins Co: _____

Policy #: _____

Other Med Ins Co: _____

Policy #: _____

Medicaid #: _____

Medicare #: _____