

9733 Healthway Drive Berlin, MD 21811 410-641-1100

KEEP INFORMA	ATION UP T	O DA	TE	_ [
Name:				Sex:
Address:				
	Date of	Birth:	1 1	,
EMERGEN(CTS		
Name:	Home Phone #:			
Address:				
Relation:	Work Phone #:			
Name:	Home Phone #:			
Address:				
Relation:	Work Phone #:			
MEDIC	CAL DATA			
Last Updated: Mo.		ood Type	e:	
Doctor:	Phone #	•		
Preferred Hospital:				
Use pencil for ea		lariges	-	
Medication	Dosage	Fr	equen	су

Use pencil for ease in making c	hanges	
Medication	Dosage	Frequency
Recent Surgery:		Deter
Recent Gargery.		Date:
Religion:		
Living Will on file at:		
Health Care Proxy on file at:	DD Discorticus	DND (0
Do you have an EMS-NO CI	e is it located	or a DNR form ? ∣?
MEDICAL (IS
	ll that exist	odialysis
No known medical conditio Abnormal EKG		olytic Anemia
Adrenal Insufficiency	<u>—</u>	ntitis-Type []
Angina		ertension
Asthma		glycemia
Bleeding Disorder	Leuk	
Cancer Cardiac Dysrhythmia		ohomas ory Impaired
Cataracts		sthenia Gravis
Clotting Disorder		maker
Coronary Bypass Graft	_ <u>—</u>	ıl Failure
Dementia Alzheimer's		ure Disorder
Diabetes/Insulin Depender	nt ∐ Sickl □ Strok	e Cell Anemia
☐ Eye Surgery ☐ Glaucoma		rculosis
Hearing Impaired		n Impaired
Heart Valve Prosthesis		,
Other:		
ALLE	RGIES	
	Stings	Penicillin
Barbiturate Latex		Sulfa
☐ Codeine ☐ Lidoca ☐ Demerol ☐ Morph		Tetracycline
Horse Serum Novoc		K-Ray Dyes No Known Allergies
Environmental:		
Other:		
MEDICAL	INSURANC	`E
Med Ins Co:	INSURANC	<i>,</i>
Policy #:		
Other Med Ins Co:		
Policy #:		
Medicaid #:	Medicare #:	



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KEEP INFORMATION UP TO DATE

Fold

MEDICAL DATA R	REVIEWED AS OF	MO.	YR.		
Name:			Sex M F		
Address:					
Doctor:	Phone #:				
Doctor:	Phone #:				
	ENCY CONTAC	TS			
Name:	Phone #:				
Address:			_		
Name:	Phone #:		<u></u>		
Address:					
Veillains.					
Medication	Dosage	Freq	uency		
	Dosage	Frequ			
	Dosage	Frequ			
	Dosage	Frequ			
	Dosage	Freq			
Special Conditions: Remarks: Medication	Dosage	Freq	uency <u>F</u>		

Pharmacy:	Phone:					
Date of Birth:						
Blood Type:	Religion:					
Health Care Proxy on f	file at:	_				
Living Will on file at:						
Do you have an EMS-NO CPR Directive or a DNR form ? YES NO Where is it located ?						
RECENT SURGERY	:	DATE:				
MED	ICAL COND Check all that ex	ITIONS				
No known medical Abnormal EKG Abnormal EKG Adrenal Insufficient Angina Asthma Bleeding Disorder Cancer Cardiac Dysrhyth Cataracts Clotting Disorder Coronary Bypass Dementia() Alz Diabetes/Insulin Eye Surgery Glaucoma Hearing Impaired Heart Valve Pros Other:	al conditions ency ency mmia Graft heimer's() Dependent	Hemodialysis 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				
	ALLERGIE Insect Stings Latex Lidocaine Morphine Novocaine	Penicillin Sulfa Tetracycline X-Rays Dyes No Known Allergies				
Med Ins Co:						
Policy #:						
Other Med Ins Co:						
Policy #:						
Medicaid #:	Medicaid #: Medicare #:					