

HEALTH INFORMATION

NAME (First, Last)		DATE OF BIRTH	GENDER	UPDATED ON	FIRST LANGUAGE
HOME ADDRESS		PHONE NUMBER		HEIGHT / WEIGHT	
HOSPITAL OF CHOICE		SOCIAL SECURITY #			
<input checked="" type="checkbox"/> ALLERGIES	No Known Drug Allergies	MEDICATION		DOSE	TIME
	Penicillin				ROUTE
<input checked="" type="checkbox"/> MEDICAL AND SURGICAL HISTORY	Contrast Dye				SUPPLIES
	Sulfa Drugs				
OVER THE COUNTER & PRESCRIBED MEDICATION LIST					
<input checked="" type="checkbox"/> ASSISTIVE DEVICES	Cane	Oxygen	Feedings		
	Walker	Liters	Model		
<input checked="" type="checkbox"/> Implanted Medical Devices	Wheelchair	Frequency	Brand		
	Hearing Aides	Supplier	Mode		
Joint	Utensils	BIPAP	Frequency		
	Glasses	Model	Amount		
Valve		Settings	Ventilator		
		CPAP	Model		
Pacemaker / ICD		Brand	Settings		
		Settings	Frequency		
Pain Pump					
Insulin Pump					

HEALTH INFORMATION

IMPORTANT NUMBERS	RESOURCE / NAME	PHONE NUMBER
	EMERGENCY	911
	Marion County Police Non-Emergency	311 or 317-327-3811
	Poison Control	1-800-222-1222
	Be Well Indiana	211
	Suicide and Crisis Hotline Call or Text	988
	Veterans Crisis Line	988 & Press 1 or Text 838255
	Safe Call Now	260-459-3020
	Medical Power of Attorney	
	Emergency Contact #1	
	Emergency Contact #2	
	Primary Care Physician or Nurse Practitioner	
	Specialist	
	Eye Doctor	
	Dentist	
	Insurance Agent	
	Policy Number	

COPY OF INSURANCE CARD

COPY OF IDENTIFICATION

COPY OF MEDICAL DEVICE
IMPLANT CARD

COPY OF
GLASSES PRESCRIPTION