

HEALTH INFORMATION

N A M E (First, Last)	DATE OF BIRTH	GENDER	UPDATED ON	FIRST LANGUAGE

HOME ADDRESS	PHONE NUMBER	HEIGHT / WEIGHT

HOSPITAL OF CHOICE		SOCIAL SECURITY #	
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[illegible][illegible]

➤		ASSISTIVE DEVICES	Cane	Oxygen		Feedings	
			Walker	Liters		Model	
			Wheelchair	Frequency		Brand	
			Hearing Aides	Supplier		Mode	
	Implanted Medical Devices		Utensils	BIPAP		Frequency	
	Joint		Glasses	Model		Amount	
	Valve			Settings		Ventilator	
	Pacemaker / ICD			CPAP		Model	
	Pain Pump			Brand		Settings	
	Insulin Pump			Settings		Frequency	

HEALTH INFORMATION

IMPORTANT NUMBERS

RESOURCE / NAME	PHONE NUMBER
EMERGENCY	911
Marion County Police Non-Emergency	311 or 3 1 7 - 3 2 7 - 3 8 1 1
Poison Control	1 - 8 0 0 - 2 2 2 - 1 2 2 2
Be Well Indiana	211
Suicide and Crisis Hotline Call or Text	988
Veterans Crisis Line	988 & Press 1 or Text 838255
Safe Call Now	2 6 0 - 4 5 9 - 3 0 2 0
Medical Power of Attorney	
Emergency Contact #1	
Emergency Contact #2	
Primary Care Physician or Nurse Practitioner	
Specialist	
Specialist	
Specialist	
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