



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 ?**

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## **MEDICAL CONDITIONS**

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*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:                      |                        |

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## **ALLERGIES**

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

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## **MEDICAL INSURANCE**

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Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Medicare #: \_\_\_\_\_