



## Emergency Medical Information

- Please fill out this form and keep this information in the container provided
- Place the container with the completed form enclosed inside your refrigerator.
- Place the alert sticker on your refrigerator door in the top right corner.

### Personal Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Card Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Health Conditions: (Check all that apply to you)

\_\_\_\_\_Chronic Obstructive Lung Disease \_\_\_\_\_Asthma \_\_\_\_\_Emphysema

\_\_\_\_\_Congestive Heart Failure \_\_\_\_\_High Blood Pressure

\_\_\_\_\_Heart Problems \_\_\_\_\_Cancer, Type

\_\_\_\_\_Stroke \_\_\_\_\_Seizures \_\_\_\_\_Diabetes \_\_\_\_\_Blindness

\_\_\_\_\_Other

