



IMPORTANT MEDICAL INFORMATION

Keep up to date and bring to all medical visits!

Name _____ Phone _____

Address _____

Emergency Contact _____ Phone _____

Address _____

Primary Care Physician _____ Phone _____

Address _____

Allergies _____

Date of Birth _____ Sex Male Female

Blood Type _____ Religion _____

Pharmacy _____

Pharmacy Phone _____

Health Care Proxy on file at _____

Healthcare Agent Name _____

Living Will on file at _____

Do you have a DNR form? Yes No

Where is it? _____

MEDICAL INSURANCE

Primary Medical Insurance Company

Name _____

Policy # _____

Secondary Medical Insurance Company

Name _____

Policy # _____

RECENT SURGERIES, TESTS OR OTHER MEDICAL PROCEDURES (Use pencil and keep up to date)

Name	Date



Medical Condition	Physician	Phone

List drug and dose. Include over the counter medicines such as vitamins and minerals, herbals, cough and cold preparations, allergy medicines, pain and fever, topical, laxatives, etc.

Medicines	Morning	Mid-Day	After-noon	Bed Time

Allergies	Reaction

HelpPeopleSM

Employee Assistance Program

- A free, confidential service offered by your employer
- For employees and immediate family members
- Services throughout the country

Office hours: 8:30 am to 5:00 pm weekdays

1-800-777-6110 or 315-470-7447

(call anytime)

email: helppeople@crouse.org

www.helppeople-eap.org