Public Health
Prevent. Promote. Protect.
Perry County
Health Department

EMERGENCY and HEALTHCARE MEDICAL INFORMATION

Fill out one form for each member of your household, place in envelope and tape to inside of front/main door

Keep this form updated -- Filled out/Reviewed on: Date:_____

Legal Name:	Birth Date:	SEX: M ☐ F ☐
Physical Address:		
Mailing Address (if different from above):		
Doctor:	Phone:	
Preferred Hospital:	Phone:	

EMERGENCY CONTACTS (who we will contact if you are sick)

Name:	Phone 1:
Address:	Phone 2:
Name:	Phone 1:
Address:	Phone 2:
Name:	Phone 1:
Address:	Phone 2:

MEDICAL DATA

Special Conditions/Remarks:

Medication	Why?	How Much?	How Often?	prescript/over counter

Pharmacy 1:	Phone:
Pharmacy 1:	Phone:
Blood Type:	Religion:
Health Care Proxy on file at:	
Living Will on file at:	

PLEASE FILL OUT BACK OF THE SHEET!

4-3-2020

Based on best available data

Recent Surgery or Injury:	**Date:**
Recent illness - Please describe start of illness and symptoms:	
EMS - No CPR Order : yes ☐ no ☐ **/** Do not Resuscitate form: yes ☐ no ☐ **/** Copy is attached: yes ☐ no ☐	

MEDICAL CONDITIONS - *Check all that apply*

- ☐ **No known medical conditions**
- ☐ **Abnormal EKG**
- ☐ **Adrenal Insufficiency**
- ☐ **Angina**
- ☐ **Asthma**
- ☐ **Bleeding Disorder**
- ☐ **Cancer**
- ☐ **Cardiac Dysrhythmia**
- ☐ **Cataracts**
- ☐ **Clotting Disorder**
- ☐ **Coronary Bypass Graft**
- ☐ **Dementia □ Alzheimer's□**
- ☐ **Diabetes**
- ☐ **Eye Surgery**
- ☐ **Glaucoma**
- ☐ **Hearing Impaired**
- ☐ **Heart Valve Prosthesis**
- ☐ **Hemodialysis**
- ☐ **Hemolytic Anemia**
- ☐ **Hepatitis - Type [ ]**
- ☐ **Hypertension**
- ☐ **Hypoglycemia**
- ☐ **Leukemia**
- ☐ **Lymphomas**
- ☐ **Memory Impaired**
- ☐ **Myasthenia Gravis**
- ☐ **Pacemaker/Defibrillator**
- ☐ **Renal Failure**
- ☐ **Seizure Disorder**
- ☐ **Sickle Cell Anemia**
- ☐ **Stroke**
- ☐ **Tuberculosis**
- ☐ **Vision Impaired**
- ☐ **Other: _____**

ALLERGIES - *Check all that apply*

- ☐ **No Know Allergies**
- ☐ **Aspirin**
- ☐ **Barbiturate**
- ☐ **Betadine**
- ☐ **Codeine**
- ☐ **Demerol**
- ☐ **Dust**
- ☐ **Horse Serum**
- ☐ **Insect Stings**
- ☐ **Latex**
- ☐ **Lidocaine**
- ☐ **Mold**
- ☐ **Morphine**
- ☐ **Novocaine**
- ☐ **Penicillin (Antibiotic)**
- ☐ **Pollen**
- ☐ **Shell fish**
- ☐ **Sulfa (Antibiotic)**
- ☐ **Tape**
- ☐ **Tetracycline (Antibiotic)**
- ☐ **X-Ray Dyes**
- ☐ **Other:**

Additional Information:

PLEASE FILL OUT FRONT OF THE SHEET! ***4-3-2020***

Based on best available data