Emergency Medical Information

Patient is: _____ Updated **11/16/22** Primary Language _____

Name _____ Date of Birth _____
Address _____ Phone _____

Primary Doctor _____ Phone _____
Preferred Hospital _____ Location _____

Blood Type _____ Covid Vaccine _____
Diabetic _____ Body/Organ Donor _____

Chronic Disorders

☐ ALS	☐ Deaf	☐ Intellectual Disability	
☐ Alzheimers	☐ Dementia	☐ Kidney Disease	
☐ Autistic	☐ Epilepsy	☐ Schizophrenia	
☐ Blind	☐ Heart Disease	☐ Stroke	
☐ Clotting Disorder	☐ HIV	☐ TBI	

Daily Medications		Allergies	
		☐ Penicillin	☐ Dairy
		☐ Bee Stings	
		☐ Latex	
		☐ Shellfish	
		☐ Nuts	

Do you have any *beliefs* which may impact your medical treatment? What are they?

Medical Forms

☐ DNR ☐ POLST ☐ Advance Directive ☐ Durable Healthcare Power of Attorney
☐ MOLST ☐ Living Will ☐ Health care Proxy

Emergency Contacts

Name	Phone	Is this person your healthcare proxy?

Health Insurance

Company			
ID #			
Phone			

Pharmacy

	Local	Mail Order
Name		
Phone		

Language

Interpretor needed

Spoken

Amharic		አማርኛ
Arabic		العربية
Bosnian		Bosanski
Burmese		မြန်မာ
Cambodian		ภาสา
Cantonese		粵語
Creole		Kreyòl
Farsi		فارسی
French		Français
Hindi		नहीं
Hmong		Hmoob
Japanese		日本語
Karen		ကရင်
Korean		한국어
Lao		ລາວ
Mandarin		普通话
Portugese		Português
Romanian		Română
Russian		Русский
Somali		Soomaali
Spanish		Español
Swahili		Kiswahili
Thai		ไทย
Urdu		اردو زبان
Vietnamese		Tiếng Việt

Sign Language

	American	American Sign Language
	Auslan	BANZSL
	Brazilian	Língua Brasileira de Sinais
	British	BANZSL
	Dutch	Nederlandse Gebarentaal
	Egyptian	لغة الإشارة المصرية
	French	Langue des signes française
	German	Deutsche Gebärdensprache
	Hong Kong	香港手语
	Indo-Pakistani	भारत-पाकिस्तानी सांकेतिक भाषा
	Indonesian	bahasa isyarat indonesia
	Italian	Lingua dei segni italiana
	Japanese	日本手話
	Malaysian	Bahasa Isyarat Malaysia
	Mexican	Lengua de Señas Mexicana
	New Zealand	BANZSL
	Persian	زبان اشارهٔ فارسی
	Polish	polski język migowy
	Russian	Русский язык жестов
	Spanish	Lengua de Signos Española
	Turkish	Türk İşaret Dili
	Uruguayan	Lengua de señas uruguaya
	Yugoslav	Jugoszláv jelnyelv

*BANZSL

British, Australian and New Zealand Sign Language