Medical Emergency

Name	
Date of Birth	Social Security #
Responsible Party	Medicare #
Responsible Party Phone	Insurance #
Primary Physician	Primary Physician Phone
Primary Physician Address	
Preferred Hospital	Preferred Hospital Phone
Preferred Hospital Address	
Preferred Pharmacy	Preferred Pharmacy Phone
Preferred Pharmacy Address	
Known Allergies	
Known Illnesses	
Diet	
Current Medications (attach current copy of medication list and/or records)	☐ Dentures ☐ Hearing Aid ☐ Eyeglasses ☐ Wheelchair ☐ Crutch ☐ Contacts ☐ Cane ☐ Walker ☐ Other
Preferred Funeral Home	Preferred Funeral Home Phone
Living will attached ☐ Yes ☐ No	