



# Aging & Disability RESOURCE CENTER

Serving Calumet, Outagamie and Waupaca Counties

Calumet County 920-849-1451

Waupaca County 715-258-6400

Outagamie County 920-832-5178

1-866-739-2372 (TOLL FREE)

## KEEP INFORMATION UP TO DATE

Review At Least Every Six Months

Name: \_\_\_\_\_ Sex: M F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MEDICAL DATA

Last updated: Mo: \_\_\_\_\_ Year: \_\_\_\_\_ Blood type: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Use pencil for ease in making changes

Medical Problems	Medication	Dosage	Frequency

RECENT SURGERY: \_\_\_\_\_ Date: \_\_\_\_\_

Religion: \_\_\_\_\_

Living Will on file at: \_\_\_\_\_

Health Care Proxy on file at: \_\_\_\_\_

Do you have an EMS-NO CPR Directive or a DNR form? Yes No

Where is it located? \_\_\_\_\_

### MEDICAL CONDITIONS

Check all that exist

- |   |  |
|---|--|
| <input type="checkbox"/> No known medical conditions  | <input type="checkbox"/> Hemodialysis            |
| <input type="checkbox"/> Abnormal EKG   | <input type="checkbox"/> Hemolytic Anemia        |
| <input type="checkbox"/> Adrenal Insufficiency  | <input type="checkbox"/> Hepatitis-Type [ ____ ] |
| <input type="checkbox"/> Angina   | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Hypoglycemia            |
| <input type="checkbox"/> Bleeding Disorder  | <input type="checkbox"/> Laryngectomy            |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Leukemia                |
| <input type="checkbox"/> Cardiac Dysrhythmia  | <input type="checkbox"/> Lymphomas               |
| <input type="checkbox"/> Cataracts  | <input type="checkbox"/> Memory Impaired         |
| <input type="checkbox"/> Clotting Disorder  | <input type="checkbox"/> Myasthenia Gravis       |
| <input type="checkbox"/> Coronary Bypass Graft  | <input type="checkbox"/> Pacemaker               |
| <input type="checkbox"/> <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Renal Failure           |
| <input type="checkbox"/> Diabetes/Insulin Dependent   | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Eye Surgery  | <input type="checkbox"/> Sickle Cell Anemia      |
| <input type="checkbox"/> Glaucoma   | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Hearing Impaired   | <input type="checkbox"/> Tuberculosis            |
| <input type="checkbox"/> Heart Valve Prosthesis   | <input type="checkbox"/> Vision Impaired         |
| <input type="checkbox"/> Other:   |  |

### ALLERGIES

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Aspirin        | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Penicillin   |
| <input type="checkbox"/> Barbiturate    | <input type="checkbox"/> Latex         | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Codeine        | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Demerol        | <input type="checkbox"/> Morphine      | <input type="checkbox"/> X-Rays Dyes  |
| <input type="checkbox"/> Horse Serum    | <input type="checkbox"/> Novocaine     | <input type="checkbox"/> No Known     |
| <input type="checkbox"/> Environmental: |  |                                       |
| <input type="checkbox"/> Other:         |  |                                       |

### MEDICAL INSURANCE

Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Other Med Ins Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Medicare #: \_\_\_\_\_