

CJCaresKEEP INFORMATION UP TO DATE

Name:						Se	ex: or M		Re	ecent	Sur	ger	'y :			
						"	01 101									
Address:																
			te of B		_				-			1				
EMERGENCY CONTACTS									Re	ligion:						
					Home				Liv	ing Wil	l on fi	le a	t:			
Name:					Phone#	‡				ما عاداء	D		f :			
Address:	ddress:									Health Care Proxy on file at: Do you have an EMS-NO CPR directive or a DNR form?						
					Work						1		Where is it			
Relation:	:				phone	‡			YE	S	NO		located?			
		Home								MEDICAL CONDITIONS (Place an X at all that exist)						
Name:					Phone#	‡				No kr	now m	edic	al conditions		Hemodialysis	
Address:										Abno	rmal E	KG			Hemolytic Anemia	
					Work					Adre	nal insi	uffic	iency		Hepatitis-Type	
Relation:	:				phone	ŧ				Angir					Hypertension	
										Asthma					Hypoglycemia	
MEDICAL DATA									Bleeding Disorder					Leukemia		
LAST							Blood			Cancer					Lymphomas	
UPDATE	D:	MO.		YR.		Тур	e:				ac Dys	rhyt	:hmia		Memory impaired	
Doctor:					Phone#	ŧ				Catar					Myasthenia Gravis	
										Clotting Disorder					Pacemaker	
Preferred Hospital:										Coronary Bypass Graft					Renal Failure	
Use pencil for ease in making changes.										Dementia Alzheimer					Seizure Disorder	
Special Conditions/Remarks:										Diabetes/insulin Dependent Eye Surgery					Sickle Cell Anemia	
										Glaucoma					Stroke Tuberculosis	
									Hearing Impaired							
										Heart Valve Prosthesis					Vision Impaired	
										ALLERGIES (Place an X a						
Medicatio		n		Dosage		Frequenc		v		Aspirin	EKGI	E3 (Insect Stings		Penicillin	
					8-			_		Barbitu	rate		Latex	,	Sulfa	
										Codeine			Lidocaine		Tetracycline	
										Demero			Morphine		X-Ray Dyes	
										Horse S			Novocain		No know Allergies	
										Environ		ıl:				
									Other:							
									MEDICAL INSURANCE							
									Medical Insurance Co:							
										licy#			I			
			+						Me	edicaid#						
									Me	edicare#	!					