MEDICAL INSURANCE INFORMATION

PROVIDER (Company) NAME	POLICY OR PARTICPANT NUMBER
MEDICAID	
MEDICARE	

OTHER IMPORTANT INFORMATION AND NOTES:

INCLUDE ANY OTHER CONDITIONS, EQUIPMENT YOU NEED OR INSTRUCTIONS FOR EMERGENCY PERSONNEL HERE.

Brought to you by Milwaukee County Department on Aging and The Aging Resource Center of Milwaukee County

v1 6_2011

414-289-6874
7:00 am - 5:30 PM weekdays
Toll Free 1-866-229-9695
TDD/TTY 414-289-8591

KEEP INFORMATION UP TO DATE

Review Every Six Months
(use pencil for easy changes)

LAST UPDATE: MONTH_____YEAR_____

Name

Address

State Zip Code

EMERGENCY CONTACTS

#1 Name

Address

Phone

#2 Name

Address

Phone

MEDICATIONS	DOSAGE	FREQUENCY

Preferred Hospital

Pharmacy

Pharmacy Phone:

Doctor Name

Doctor Phone

Personal Information

Gender ☐ M ☐ F Date of Birth _____ Religion _____

Health Care Proxy on file at: _____

Living Will on file at: _____

Medical Data

Blood Type _____ Do you have an EMS - NO CPR Directive or DNR form? ☐ YES ☐ NO If yes - where is it? _____

Special Conditions/ Remarks _____

List Any Recent Surgery	Date

MEDICAL CONDITIONS

Check all that apply - write others in blank spaces

☐ No known	☐ Coronary Bypass Graft	☐ Hypertension	☐ Sickle Cell Anemia
☐ Abnormal EKG	☐ Dementia/ Alzheimer's	☐ Hypoglycemia	☐ Stroke
☐ Adrenal insufficiency	☐ Diabetes/Insulin Dependent	☐ Laryngectomy	☐ Tuberculosis
☐ Angina	☐ Eye Surgery	☐ Leukemia	☐ Vision Impaired
☐ Asthma	☐ Glaucoma	☐ Lymphomas	☐ Speech Disorder
☐ Bleeding Disorder	☐ Hearing Impaired	☐ Memory Impaired	☐ Blind
☐ Cancer	☐ Heart Valve Prosthesis	☐ Myasthenia Gravis	☐ Deaf
☐ Cardiac Dysrhythmia	☐ Hemodialysis	☐ Pacemaker	☐
☐ Cataracts	☐ Hemolytic Anemia	☐ Renal Failure	☐
☐ Clotting Disorder	☐ Hepatitis - type: _____	☐ Seizure Disorder	☐

ALLERGIES

☐ No known	☐ Lidocaine
☐ Aspirin	☐ Morphine
☐ Barbiturate	☐ Novocaine
☐ Codeine	☐ Penicillin
☐ Demerol	☐ Sulfa
☐ Horse Serum	☐ Tetracycline
☐ Insect Stings	☐ X-Ray Dyes
☐ Latex	☐ peanuts
☐ eggs	☐
☐	☐