

KEEP INFORMATION UP TO DATE!!

REVIEW AT LEAST EVERY SIX MONTHS!!

DATA REVIEWED AS OF

NAME: SEX: M F

ADDRESS:

DATE OF BIRTH: PHONE #:

EMERGENCY CONTACTS

NAME: PHONE #:

ADDRESS:

NAME: PHONE #:

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ALLERGIES

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ALLERGIES

MEDICATIONS

DOSAGE

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MEDICAL HISTORY

- A-FIB
- ASTHMA
- CANCER
- DEMENTIA
- DIABETES
- COPD
- OTHER:

- DIALYSIS
- HIGH BLOOD PRESSURE
- PACEMAKER
- SEIZURE DISORDER
- STROKE
- CARDIAC

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BLOOD THINNERS

YES NO

BLOOD THINNERS

YES NO