

## MEDICAL INFORMATION WORKSHEET

This sheet is intended to provide life-saving information to medical personnel who may be called to assist in an emergency. Complete this form and keep one copy with you at all times, give one copy to your emergency contact, and place one copy in your medical cabinet in a clearly marked envelope or empty pill container. Each individual should have their own worksheet.

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

### Medications

List all medications that are taken on a regular basis.

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List all allergies to medication.

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### Medical History

List any and all conditions of which an emergency caregiver will need to be notified.

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List all allergies.

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**Health Care Provider**

Name of Practice \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Health Insurance Provider**

Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Group Number \_\_\_\_\_

**RV Insurance Provider**

Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Policy Number \_\_\_\_\_

**Emergency Contact Persons**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Medical Evacuation Plan**

Company \_\_\_\_\_

Phone \_\_\_\_\_ Policy Number \_\_\_\_\_