



Update the form with the patient's information.



1. Fold paper in half from left to right.



2. Fold in half from top to bottom.



3. Fold in half from left to right.

FOLD 3

FOLD 1



FOLD 2

FOLD 2

If this is an emergency, call 911 then call _____
or _____

Primary Specialist's # _____

If it's nearby, please have the ambulance take me to this hospital: _____

Hospital's phone #: _____

Has implanted medical device?
 Yes _____ No

Is on medication?
 Yes (Medications listed inside.) No

Has allergies?
 Yes (Allergies listed inside.) No

Has a complex medical condition?
 Yes (See additional info inside.) No

Additional contact information:

Treatment during most recent hospitalization:

Date and reason for most recent hospitalization:

Allergies (include allergy and reaction):

Medications (include dose & time taken):

Diagnosis & history: _____

Religion: _____

Med. Insurance Co.: _____ Policy #: _____

Address: _____

Date of birth: _____ Sex: M F

Name: _____



CUT ALONG DASHED LINE
CHOP Reviewed 4/10

FOLD 1