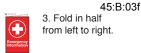
Update the form with the patient's information.



1. Fold paper in half from left to right.



2. Fold in half from top to bottom.



Emergency Emergency Information Informatio

Emergency Emergency Information

FOLD 3

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:
⋖ FOLD 2	Allergies (include allergy and reaction):
	Medications (include dose & time taken):
	Diagnosis & history:

Med. Insurance Co.:

Address:

Name: ______ Date of birth:

3

FOLD 1

Policy #:

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