



Personal Contact Information:

Name _____

Address _____

Date of Birth _____

Phone _____

EMERGENCY - CALL 911

Who To Contact In An Emergency:

Name _____

Relationship _____

Phone _____

Primary Care Physician:

Name _____

Address _____

Phone _____

Specialists:

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Medical Information:

Blood Type _____

Organ Donor? _____ Yes

_____ No

Pacemaker? _____ Yes _____ No

DNR? _____ Yes _____ No

Health Care Proxy? _____ Yes _____ No

Proxy Name _____

Phone _____

Medical Conditions/Surgeries:

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Allergies/Adverse Reactions:

Prescription Information: *Keep an updated list.*

Medication	Dosage	Frequency
------------	--------	-----------

Pharmacy Name & Contact Number:

Immunization/Vaccination Dates:

Influenza _____

Pneumonia _____

Tetanus _____

Other _____

Other Contacts:

Home Care Agency _____

Phone _____

Medical Equipment

Provider _____

Phone _____

Physician Referral Line - Geneva (315) 787-4060

Physician Referral Line - Penn Yan (315) 531-2053

Scheduling Services (315) 787-4555 / (315) 531-2555