

Patient Medical Information

Compliments of Disabled Hotline, 718 439-0257 Serving the Disabled Community for Over 20 Years

Name _____

Address _____ City _____ State _____

Phone, Home _____, Cell _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

MEDICAL EQUIPMENT USED _____

ALLERGIES TO MEDICATIONS: _____ TYPE OF REACTION _____

MEDICAL HISTORY _____

CURRENT MEDICATIONS _____

MEDICAL CONTACTS SEE OTHER SIDE

CONTACT INFORMATION:

Primary Care Physician _____

Medical Contact _____

Medical Contact _____

Medical Contact _____

Medical Contact _____

Medical Contact _____

Clergy _____

Clergy _____

Location of Health Care Proxy(ies) _____