

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING

Please list prescriptions and over-the-counter medications (ex: aspirin, antacids) and herbals (ex: ginseng, ginkgo). Make sure you include medications that you are taking routinely and "as needed."

Name of prescription, Over-the-counter medication, vitamins/supplements & dose	How Often You Take	Reason For Taking

Update this form whenever you have a change of medication or medical history.

Keep a copy of this form in your File of Life magnetic packet, which should be placed on your refrigerator. A copy of this form also should be kept in your wallet or purse in case of emergency.1

EMERGENCY MEDICAL INFORMATION

(Use your computer to complete this section)

Date Updated:

Name:

Address:

Sex: Male / Female Date of Birth:

Primary Care Doctor:

Phone #:

Preferred Pharmacy:

Phone #:

Medical Insurance Co.:

Policy #:

Other Medical Insurance:

Policy #:

Medicare / Medicaid:

Policy #:

Living Will: Yes / No

Health Care Power of Attorney: Yes / No

EMERGENCY CONTACTS

Name: Phone #:

Address:

Name: Phone #:

Address:

MEDICAL DATA

Recent Surgeries/Hospitalizations: Date:

(over)

Tear on perforation and insert your updated File of Life form into your magnetic pocket.

