

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING

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

Medication	Dosage	Frequency

Recent Surgery

	Date: _____
	Date: _____
	Date: _____
	Date: _____

Religion: _____

ADVANCED MEDICAL DIRECTIVES

Living Will on file at: _____

Power of Healthcare Attorney: _____

Agent's Address: _____

Do you have an EMS-NO CPR Directive or a DNR form?

YES NO Where is it located?: _____

MEDICAL CONDITIONS

Check all that exist

- No known medical conditions
- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer
- Cardiac Dysrhythmia

Endorsed by

**Advocate Sherman Hospital
Provena Saint Joseph Hospital**

KEEP INFORMATION UP TO DATE

Name: _____ Sex: M F
Address: _____

Date: _____

EMERGENCY CONTACTS

Name: _____ Home No. _____

Address: _____

Relation: _____ Work No. _____

Name: _____ Home No. _____

Address: _____

Relation: _____ Work No. _____

MEDICAL DATA

Last Updated: _____ Blood Type: _____

Doctor: _____ Phone No. _____

Preferred Hospital: _____

Special Conditions/Remarks

MEDICAL CONDITIONS(cont'd)

Check all that exist

- Cataracts
- Clotting Disorder
- Coronary Bypass Graft
- Dementia Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Glaucoma
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis - Type []
- Hypertension
- Hypoglycemia
- Leukemia
- Lymphomas
- Memory Impaired
- Myasthenia Gravis
- Pacemaker
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Tuberculosis
- Vision Impaired
- Other:
- Other:
- Other:

ALLERGIES

- Aspirin
- Barbiturate
- Codeine
- Demerol
- Horse Serrum
- Insect Stings
- Latex
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Rays Dyes
- No Known Allergies
- Environmental:
- Other:
- Other:
- Other: