

Emergency Medical Information—Elderly Ages 65+

Date Card Updated _____ (Please update yearly)

Name _____ Age/DOB _____

Address _____

Primary Language _____ Religious Affiliation _____

Insurance Provider/Policy Number _____

Primary Physician

Name _____

Phone _____

Specialty Physician

Name/Specialty _____

Phone _____

Specialty Physician

Name/Specialty _____

Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1

Name/Relationship _____

Primary Phone _____

Secondary Phone _____

Address (if not same as above) _____

Emergency Contact 2

Name/Relationship _____

Primary Phone _____

Secondary Phone _____

Address (if not same as above) _____

ADVANCED DIRECTIVES

Do Not Resuscitate (DNR). Location: _____

Living Will. Location: _____

Durable Power Of Attorney (DPOA). Location: _____

MEDICAL INFORMATION

Food Allergies/reaction _____

Medication Allergies/reaction _____

Other Allergies/reaction _____

PAST MEDICAL HISTORY

Heart

Atrial Fibrillation

Chest Pain

Congestive Heart Failure

Heart Attack
• Date(s) _____
• CABG (Bypass)? Y N
• Stent? Y N

Heart Condition _____

Hypertension

Pacemaker

Port-a-Cath

Respiratory

Asthma

Chronic Obstructive Pulmonary Disease (COPD/Emphysema/Bronchitis)

Oxygen _____ LPM

Smoker _____ PPD

Neurological

Developmental Delay

Epilepsy/seizures

Stroke
• Deficit/date _____

Multisystem

Anaphylaxis

Cancer

Diabetes
• Insulin dependent? Y N

Head/Eyes/Ears/ Nose/Throat

Hearing Loss
• Hearing Aids Y N

Impaired Vision
• Glasses Y N
• Contacts Y N

Musculoskeletal

Physical Disability
• Equipment _____

OTHER MEDICAL CONDITIONS/SIGNIFICANT SURGERIES

(Medication List on Back)

MEDICATIONS

(Include Dose and Route of Administration)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

IN CASE OF AN EMERGENCY DIAL 911

Please fill out this form and place on refrigerator in case of emergency. Give this card to EMS Personnel or take it with you to the Emergency Department.

To learn more contact McGregor Memorial EMS
603-862-3674

Visit <http://www.mcgregorems.org> for a new card
or come see us at the station: 47 College Rd. Durham, NH 03824

HELPFUL HINTS

Signs and Symptoms of a Heart Attack

- Uncomfortable pressure
- Squeezing
- Fullness or pain in center of chest that lasts more than a few minutes
- Pain or discomfort in one or both arms, back, neck, jaw or stomach.
- Shortness of breath
- Nausea
- Lightheadedness

Signs and Symptoms of a Stroke

- Sudden numbness or weakness of the face, arm or leg (especially on one side of the body)
- Sudden confusion
- Trouble speaking or understanding
- Trouble seeing in one or both eyes
- Trouble walking
- Loss of balance or coordination

Preventing Falls—Making Your Home Safe

- Remove things you can trip over such as papers, books, clothes and shoes.
- Remove small throw rugs.
- Keep items used often in cabinets you can reach easily without a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathroom.
- Improve lighting in your home.
- Have handrails put in on staircases.
- Wear shoes that give good support and have non-slip soles.
- Avoid slippers.

Taken from www.cdc.gov