



EMERGENCY MEDICAL INFORMATION

Name: _____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Date of birth: _____ Blood type: _____
 Religion: _____

I have an Advanced Directive/Comfort One: Yes No Located at: _____

Are you allergic to latex? Yes No Other allergies? _____

Medication allergies: _____

Medications

	Prescriptions	Strength	Dosage	M, N, E
1				
2				
3				
4				
5				
6				
7				
8				
9				

Surgeries you have had in the last twelve months

	Surgeries you have had in the last twelve months	Doctor	Where	Date
1				
2				

Known Medical Conditions (check all that apply)

Diabetic <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	Pulmonary Condition <input type="checkbox"/>	Pacemaker <input type="checkbox"/>
Hypertension <input type="checkbox"/>	Kidney Disease <input type="checkbox"/>	Seizures <input type="checkbox"/>	Stents <input type="checkbox"/>

Describe other medical conditions _____

Where in your residence do you keep your medication(s)? _____

Preferred Hospital: _____

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Medicare # _____ Medicaid # _____

Insurance Company: _____ Group # _____ Policy # _____

Insurance Company: _____ Group # _____ Policy # _____

IN CASE OF AN EMERGENCY CALL:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Your signature: _____ Date: _____

This community service project is endorsed by the Anchorage Fire Department and provided by AARP Alaska. Contact AARP Alaska for additional forms and envelopes toll free 1-866-227-7447 or via email at ak@aarp.org.

EMERGENCY MEDICAL INFORMATION FORM

AARP Alaska and the Anchorage Fire Department present this program to improve the quality of emergency response.

When emergency medical personnel respond to an emergency call and find someone unconscious, incapacitated, or uninformed, they will automatically check the refrigerator door to find the **Emergency Medical Information Folder** that should contain the **Emergency Medical Information** for all residents living there.

This form is designed to give emergency medical personnel all of the information needed to make an informed decision about appropriate procedures to follow in dealing with the emergency situation.

**** FILL OUT ONE FORM FOR EACH RESIDENT IN THE HOME ****

Print or type each entry carefully. The information must be legible and prescriptions must be spelled correctly. Whenever possible attach copies of all prescriptions to the back of this form for easy reference. You are responsible for the accuracy of the information.

The more complete the information included the better emergency medical personnel will be able to deal with your emergency situation.

Fold the completed form along with attached copies of all prescriptions, include Advance Directives (Living Wills), and all other important medical information. Place each completed form and all attachments into the Emergency Medical Information Envelope provided by AARP. The magnetic strip on the back of the envelope will secure it to the refrigerator door.

**** BE SURE TO KEEP YOUR MEDICAL INFORMATION UP-TO-DATE ****

- ✓ Fill out the form completely and make sure everything is legible.
- ✓ Fill out a different form for each occupant of the residence.
- ✓ Attach copies of all prescriptions. The M,N,E after dosage stands for Morning, Noon and Evening. For example, if you take your medications twice a day, once in the morning and again in the evening you would enter M/E.
- ✓ Be sure to attach copies of all Advance Directives (Living Will) and a Durable Power of Attorney.
- ✓ Describe all implants such as stents, pacemakers, etc.
- ✓ Describe where you keep your medications (such as in your bathroom cabinet or night stand)
- ✓ Emergency Medical Personnel will lock your door when they leave with you. Consider leaving a key with a trusted person so you can get back into the house when you return.



AARP is a nonprofit, nonpartisan social welfare organization with a membership that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.1 million readers; AARP Bulletin, the go-to news source for AARP's millions of members and Americans 50+; AARP VIVA, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.