

Appendix 6: Medical and Emergency Information

Patient Name _____

Current Medical Conditions _____

Current Medications	Dosage & Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergic reaction to: _____

Hospitalizations	Date of hospitalization
_____	_____
_____	_____
_____	_____
_____	_____

Medical Appliances

Wheelchair _____

Walker _____

Dentures _____

Eyeglasses _____

Hearing Aid _____

Prosthetics _____

Other _____