

MED ALERT



MEDICAL INFORMATION

(List Serious Medical Conditions & Treatments)

Care-On MEDAlert, LLC
 Telephone 940-222-5504
 Email LindaC@care-onmedicalalert.com

Date:

PATIENT INFORMATION

Patient's Last Name	First Name	Middle	Birth Date	Age	Sex
Street Address			City	State/Province	Zip/Postal Code
Home Phone Number			Cell Phone Number		

EMERGENCY CONTACT (Please indicate Medical Power of Attorney with an *)

1. Last Name	First Name	Relationship	Home Phone Number	Work Phone Number
2. Last Name	First Name	Relationship	Home Phone Number	Work Phone Number
3. Last Name	First Name	Relationship	Home Phone Number	Work Phone Number
4. Last Name	First Name	Relationship	Home Phone Number	Work Phone Number

PHYSICIAN INFORMATION

1. Physician's Name	Address	Phone Number
2. Physician's Name	Address	Phone Number
3. Physician's Name	Address	Phone Number
4. Physician's Name	Address	Phone Number

INSURANCE INFORMATION

Please list the person responsible for bill		Birth Date (if different)	Address (if different)	Home Phone No.
Occupation	Employer	Employer Address		Employer Phone No.
Are you covered by Insurance?	Please Indicate Primary Insurance			
Subscriber's Name	Birth Date	Group Number	Policy Number	Relationship to Subscriber
Name of Secondary Insurance (if applicable)		Subscriber's Name	Group Number	Policy Number

PRESCRIPTIONS AND OTHER MEDICATIONS

1. Name of Drug	Strength	Frequency Taken
2. Name of Drug	Strength	Frequency Taken
3. Name of Drug	Strength	Frequency Taken
4. Name of Drug	Strength	Frequency Taken
5. Name of Drug	Strength	Frequency Taken
6. Name of Drug	Strength	Frequency Taken
7. Name of Drug	Strength	Frequency Taken
8. Name of Drug	Strength	Frequency Taken
9. Name of Drug	Strength	Frequency Taken
10. Name of Drug	Strength	Frequency Taken
11. Name of Drug	Strength	Frequency Taken
12. Name of Drug	Strength	Frequency Taken
13. Name of Drug	Strength	Frequency Taken
14. Name of Drug	Strength	Frequency Taken
15. Name of Drug	Strength	Frequency Taken
16. Name of Drug	Strength	Frequency Taken
17. Name of Drug	Strength	Frequency Taken
18. Name of Drug	Strength	Frequency Taken

ALLERGIES TO MEDICATIONS

1. Name of Drug	Reaction
2. Name of Drug	Reaction
3. Name of Drug	Reaction
4. Name of Drug	Reaction

SURGERIES

Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital
Year	Reason	Hospital

EXISTING MEDICAL CONDITIONS

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ADDITIONAL INFORMATION

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VACCINE	Type of Vaccine (abbreviation)	Date Given (mm/dd/yy)	Vaccine Information (lot # / Mfg. / date)	Initials of Vaccinator
Hepatitis B (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)				
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td)				
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib)				
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV)				
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide)				
Rotavirus (Rota)				
Measles, Mumps, Rubella (e.g., MMR, MMRV)				
Varicella (e.g., Var, MMRV)				
Hepatitis A (HepA)				
Meningococcal (e.g., MCV4; MPSV4)				

Human papillomavirus (e.g., HPV)				
Influenza (e.g., TIV, inactivated; LAIV, live attenuated)				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Other				