INFO FOR LIFE CARD:Layout 1 7/17/08 8:54 AM Page 1



## CALL 911 IN AN EMERGENCY

Keep this information on your refrigerator so it can be used by emergency responders. Use a pencil so you can update this card easily and often. Please print.

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ORMATION		
	RELATIONSHIP	
Cell Phone		
O YOU HAVE A LIVING WILL OR ADVANCED HEALTHCARE DIRECTIVE?		
Is it registered with the office of the Arizona Secretary of State?		
R)		
Do you have a <b>Do Not Resuscitate (DNR)</b> form?		
Is it signed by your doctor or power of attorney?		
PHONE		
PHONE		
PHONE		
	CELL PHONE THCARE DIRECTIVE? A SECRETARY OF STATE?  R) FORM? RNEY?	

## **MEDICAL HISTORY -** Please check all that apply.

<ul> <li>No known medica</li> <li>Abnormal EKG</li> <li>Alzheimer's</li> <li>Angina</li> <li>Asthma</li> <li>Bleeding Disorde</li> <li>Cardiac Dysrhyth</li> <li>Cataracts</li> <li>Clotting Disorder</li> <li>Coronary Bypass</li> <li>Dementia</li> <li>Diabetes/Insulin</li> <li>Eye Surgery</li> <li>Glaucoma</li> </ul>	r mia Stent Dependent	☐ Hearing Impaired ☐ Heart Valve Prosthesis ☐ Hemodialysis ☐ Hemolytic Anemia ☐ Hypertension ☐ Hypoglycemia ☐ Laryngectomy ☐ Leukemia ☐ Lymphomas ☐ Memory Impairment ☐ Myasthenia Gravis ☐ Myocardial Infarct ☐ Pacemaker ☐ Renal Failure	Seizure Disorder Sickle Cell Anemia Stroke/CVA/TIA Vision Impaired
ALLEGIES  No known allergi Aspirin Barbiturates Codeine Demerol Environmental	es  Horse Serum Insect Stings Latex Lidocaine Morphine	☐ Novocaine ☐ Penicillin ☐ Sulfa ☐ Tetracycline ☐ X-Rays/Dyes	
CONDITION	MEDICATION	DOSAGE	FREQUENCY
RECENT SURC	SERY		Deta
Operation			Date