Marion County Sheriff's Office Division Of Emergency Management Emergency Phone #911 KEEP INFORMATION UP TO DATE !!

Living Will on file at: Blood Type: Date of Birth: Pharmacy: Health Care Proxy on file at: Name: Special Conditions/Remarks: Preferred Hospital: Doctor: Name: Address: Name: Address: Address: Medication MEDICAL DATA as of Mo. Use pencil for ease in making changes. EMERGENCY Religion: CONTACT Dosage Phone: Phone #: Phone #: Phone #: 4. Frequency Sex:

Policy #:

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Recent Surgery:	Date:
Do you have an EMS-NO CPR Di YES NO Where is it	Directive or a DNR form ? it located ?
MEDICAL CONDITI	DITIONS <i>t exist</i>
No known medical conditions [Hemodialysis Hemolytic Anemia
Adrenal Insufficiency Angina	<pre>Hepatitis-Type[] Hypertension</pre>
TD.	Hypoglycemia
Bleeding Disorder	Leukemia
Cardiac Dysrhythmia	Lymphomas
Cataracts	Memory Impaired
Coronary Bypass Graft	Pacemaker
☐ Dementia ☐ Alzheimer's ☐ ☐ Diabetes/Insulin Dependent	Renal Failure Seizure Disorder
☐ Eye Surgery	Sickle Cell Anemia Stroke
Hearing Impaired	Tuberculosis
Heart Valve ProsthesisOther:	☐ Vision Impaired
ALLERGIE	IES
	gs Penicillin
Codeine Lidocaine	Tetracycline
☐ Demerol ☐ Morphine ☐ Novocaine	No Known Allergies
Environmental:	
MEDICAL INS	URANCE
Med Ins Co:	
Policy #:	
Other Med Ins Co:	