

LIFE SHEET™
Emergency Medical Information



610-254-9440

Sponsored by Liberty In Home Care!

LAST UPDATED:

Name: _____ Sex: M F
 Address: _____
 Birth Date: _____ Religion: _____
 Blood Type: _____ Diabetic? Y N
 Native Language if not English: _____

EMERGENCY CONTACTS

Name: _____ H Ph: _____
 Address: _____ W Ph: _____
 _____ C Ph: _____
 Relation: _____

Name: _____ H Ph: _____
 Address: _____ W Ph: _____
 _____ C Ph: _____
 Relation: _____

Medications	Dosage	Frequency

Please use **Pencil** for easy changes
 ADDITIONAL INFORMATION ON BACK
www.LibertyCares.com

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ALLERGIES

No known allergies Latex Penicillin
 Demerol Lidocaine Sulfa
 Insect Stings Morphine Tetracycline
 Other: _____
 Other: _____

SPECIAL INSTRUCTIONS

Dietary Restrictions: _____
 Other: _____
 Other: _____

Recent Surgeries	Date

MEDICAL CONDITIONS

Check all that exist

No known medical conditions CVA
 Hearing Impairment Hepatitis-Type []
 High Cholesterol Hypertension
 Hypoglycemia Pacemaker
 Parkinson's Renal Failure
 Seizure Disorder Tuberculosis
 Memory Impaired Dementia Alzheimer's
 Bleeding Disorders: _____
 Breathing Disorders: _____
 Cancer: _____
 Cardiac Disorders: _____
 Vision Disorders: _____
 Other: _____
 Other: _____

KEY MEDICAL DATA

Doctor: _____ Phone: _____
 Doctor: _____ Phone: _____
 Insurer: _____
 Policy #: _____
 Other Insurer: _____
 Medicare: _____ Medicaid: _____
 Social Security Number: _____

OTHER INSTRUCTIONS

Location of living will: _____
 Location of DNR / NO CPR: _____
 Health Care Proxy on file at: _____