

MEDICAL CONDITIONS: CHECK ALL THAT EXIST

NO MEDICAL
CONDITIONS KNOWN

Abnormal EKG

Adrenal Insufficiency

Angina

Asthma

Bleeding Disorder

Cancer: Type _____

Cardiac Dysrhythmia

Cataracts

Clotting Disorder

Coronary Bypass Graft

COPD/Emphysema

Dementia/Alzheimer's

Diabetes/Insulin Dependent

Eye Surgery

Fractures

Glaucoma

Heart Attack: Date _____

Hearing Impaired

Heart Valve Prosthesis

Hemolytic Anemia

Hepatitis

High Blood Pressure

HIV / AIDS

Hypertension

Hypoglycemia

Internal Defibrillator

Kidney Problems

Laryngectomy

Leukemia

Lymphomas

Malignant Hyperthermia

Memory Impaired

Myasthenia Gravis

Pacemaker

Renal Failure

Seizure Disorder

Sickle Cell Anemia

Stroke

Vision Impaired

Contact Lenses

Dentures

Other:

ALLERGIES: CHECK ALL THAT APPLY

NO KNOWN ALLERGIES

Latex

Aspirin

Barbiturates

Codeine

Demerol

Environmental

Horse Serum

Insect Stings

Lidocaine

Morphine

Novocain

Penicillin

Sulfa

Tetracycline

Tetanus

X-ray Dyes

Xylocaine

Other:

HELPFUL HINTS

Advance Directives: Also known as a living will, personal directive, advance directive, medical directive or advance decision, is a legal document in which you can specify what actions should be taken for your health if you are no longer able to make decisions for yourself because of illness or incapacity. Your physician and attorney should have a copy if applicable.

Medical Power of Attorney: Also referred to as the agent identified within the Advance Directive. This is the person that you want to make healthcare decisions for you if and when you become unable to make them for yourself. The person you pick is representative for purposes of healthcare decision-making and is identified within an Advance Directive.

Health Care Surrogate: Someone who is appointed to make healthcare decisions for you when you become unable to make them for yourself. You may have already had one appointed due to a previous medical event.

DNR (Do Not Resuscitate) Order: A written medical order that prevents the health care team from initiating Cardio-Pulmonary Resuscitation (CPR).

Using an Advance Directive is an ongoing process. As time passes, keep your agent (Medical Power of Attorney) up-to-date on additional thoughts you have or any changes in your views about treatment issues.

For more information and to download free Advance Directive forms visit the Vermont Ethics Network website at vtethicsnetwork.org.

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MY MEDICAL INFO

WHY DO IT?

Medical personnel can make the best decisions regarding emergency treatment when they know your medical conditions, medications, or medical allergies. This can mean the difference between life and death in the "Golden Hour" immediately following a medical emergency.

1. PHOTOGRAPH

Place a clear, recent photo of just you in the pocket so emergency personnel can instantly identify you.

2. MEDICAL FORM

Fill out this medical form. Keep all of your information up to date.

3. PLACE ON REFRIGERATOR

Place the completed form in the pocket. Place the pocket on your refrigerator or at work.



COPPER LEAF
FINANCIAL



AGE WELLSM

CONFIDENT AGING STARTS HERE.

VIAL OF LIFE MEDICAL INFORMATION KEEP YOUR INFORMATION CURRENT Download new forms at www.dh-cpa.com/life
NAME
ADDRESS
CITY/STATE/ZIP
() M () F DATE OF BIRTH BLOOD TYPE
DATE FORM WAS UPDATED:

CURRENT MEDICATION			
<input type="checkbox"/> NO MEDICATIONS			
LOCATION OF CURRENT MEDICATIONS _____			
LIST ALL PRESCRIPTIONS, OVER THE COUNTER, VITAMINS, AND SUPPLEMENTS			
CONDITION	MEDICATION	DOSAGE	TIMES PER DAY

EMERGENCY CONTACTS		
NAME	RELATION	
ADDRESS		
CITY/STATE/ZIP		
PHONE:	WORK	CELL
NAME	RELATION	
ADDRESS		
CITY/STATE/ZIP		
PHONE:	WORK	CELL
NAME	RELATION	
ADDRESS		
CITY/STATE/ZIP		
PHONE:	WORK	CELL

MEDICAL CONTACTS	
DOCTOR/PHONE	
DOCTOR/PHONE	
PHARMACY/PHONE	
LIST SPECIAL CONDITIONS	
SURGERY IN THE LAST 5 YEARS	
MY MOST RECENT EKG IS AVAILABLE () YES () NO	
IT IS LOCATED AT:	

ADVANCE DIRECTIVES	
MY LIVING WILL (ALSO REFERRED TO AS ADVANCE HEALTHCARE DIRECTIVE OR MEDICAL DIRECTIVE) IS ON FILE AT:	
MY HEALTHCARE SURROGATE IS:	
I HAVE AN EMS-NO CPR DIRECTIVE OR DNR (DO NOT RESUSCITATE FORM) () YES () NO IT IS LOCATED AT:	
ADDITIONAL NOTES OF IMPORTANCE: (THIS CAN INCLUDE SPECIALISTS YOU'VE SEEN, ETC.)	

MEDICAL INSURANCE () NONE	
#1 MEDICAL INS. CO. / POLICY #	
#2 MEDICAL INS. CO. / POLICY #	
MEDICARE #	
OTHER	