

EMERGENCY MEDICAL INFORMATION

Personal Information

Name : Blood Type :

Address :

Phone:

DOB :

Emergency Contact Information

Name : Relationship:

Address :

Phone:

Secondary Emergency Contact Information

Name : Relationship:

Address :

Phone:



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Insurance Provider Information :

Name of Insured:	<input type="text"/>
Insurance Company:	<input type="text"/>
Member ID:	<input type="text"/>
Group ID:	<input type="text"/>
Customer Service Phone:	<input type="text"/>
Website	<input type="text"/>

Secondary Insurance Provider Information :

Name of Insured:	<input type="text"/>
Insurance Company:	<input type="text"/>
Member ID:	<input type="text"/>
Group ID:	<input type="text"/>
Customer Service Phone:	<input type="text"/>
Website	<input type="text"/>

Major Surgeries or Medical Prodedures

Surgery / Procedure	Date	Doctor Name	Doctor Contact

Medical Conditions

Condition	Date of Diagnosis	Doctor Name	Doctor Contact



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Allergies (e.g., drug allergies, food allergies)

Preferred Emergency Room or Hospital Information

Recent Health Changes:

Any recent changes in health status or new symptoms

Important Documents and Information:

- Copies of medical records or summaries
- Living Will or Advance Directive (if applicable)
- Power of Attorney for Healthcare Decisions
- Any specific instructions for emergency responders (e.g., "Patient is non-verbal")
- Any specific needs related to mobility, communication, or other assistance
- Information on medical devices used (e.g., pacemaker, insulin pump)

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Notes:



This checklist should be updated regularly and kept in an easily accessible location, both physically and digitally.

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