

Emergency Medical Information

(Place On Refrigerator Door & Keep Updated At All Times)

PERSONAL INFORMATION

First Name: _____ Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____

Gender: Male Female Date of Birth: _____ SSN: _____

MEDICAL INFORMATION

Blood Type: _____ Diabetic: YES NO Pacemaker: YES NO

Current Medical Conditions: _____

Critical Medications: _____

Blood Thinner(s): _____

Allergies To Medications: _____

Past Medical Conditions: ESRD CVA DM Dementia HTN Seizures
 COPD CHF Cancer, Type: _____

Hearing Difficulties: YES NO Vision Difficulties: YES NO

CONTACT INFORMATION

Preferred Hospital: _____

Health Insurance Provider: _____ Policy #: _____

Doctors Name: _____ Telephone # (_____) _____

Last Hospitalization: _____

Special Instructions: (such as Health Directives, Preferred Hospital)

Emergency Contact List: (Name, Phone, Relationship):

1. _____

2. _____

3. _____

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MEDICAL ALERT

**IN CASE OF EMERGENCY
SEE REFRIGERATOR DOOR FOR
PERTINENT MEDICAL HISTORY**



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