PHOTO

Do you have a DNR form?

Yes ☐ **No** ☐

Form Location: _____

Medication	Dosage	Frequency
Attach additional page if needed		

Emergency Contact Information		
Name		
Address		
City	State	Zip
Home Phone		
Mobile Phone		
Work Phone		

Physicians	
Name	
City	State
Office Phone	
Name	
City	State
Office Phone	

North Carolina

Yellow Dot Program

Emergency Information

Personal Information

Last Name	First Name	MI

Date of Birth	Sex	Weight	Phone #

Address

City	State	Zip

Medicare / Medicaid	ID #
Insurance	ID & Group #

Past Medical History

Allergies		Cardiac	Surgery
☐ Aspirin ☐ Barbiturate ☐ Codeine ☐ Demerol ☐ Insect Stings ☐ Latex ☐ Lidocaine	☐ Morphine ☐ Novacaine ☐ Penicillin ☐ Sulfa ☐ Tetracycline ☐ X-Ray Dyes ☐ None ☐ Unknown	☐ Abnormal EKG ☐ Angina ☐ Cardiac Dysrhythmia ☐ CHF ☐ Congenital Defect ☐ Coronary Bypass ☐ Defibrillator / Pacemaker ☐ Heart Attack / MI ☐ Heart Valve Prosthesis ☐ Unknown ☐ None ☐ Other:_____	☐ Abdominal ☐ Lung ☐ Heart ☐ Neurological ☐ None ☐ Other_____
Medical Allergies: _____ _____ _____ _____		Blood Type _____	_____ _____ _____ _____

Medical Conditions

☐ Alzheimer's	☐ Gastrointestinal	☐ Psychological
☐ Asthma	☐ Glaucoma	☐ Renal Failure
☐ Bleeding / Clotting Disorder	☐ Headaches	☐ Seizures
☐ Cancer	☐ Hearing Impaired	☐ Sickle Cell Disorder
☐ Cataracts	☐ Hemodialysis	☐ Stroke / TIA
☐ COPD/Emphysema	☐ Hemolytic	☐ Tuberculosis
☐ Clotting Disorder	☐ Hepatitis ___ / HIV	☐ Vision Impaired
☐ Dementia	☐ Hypertension	☐ No Known Medical Condition
☐ Diabetic	☐ Leukemia	☐ Others:_____
☐ Dialysis/Renal	☐ Lymphomas	_____
☐ Drug/Alcohol Abuse	☐ Memory Impaired	
☐ Eye surgery	☐ Myasthenia Gravis	