

Date: \_\_\_\_\_

# Retama Village

## Emergency Patient Information Sheet

**Directions:**

- Fill out completely, print legibly, insert in RED Envelope, place in refrigerator door
- Copy and attach:
  - All insurance cards-Medicare, VA, supplemental and vaccination records
  - Power of Attorney and medical directives
  - Organ donor card if applicable
- Attach ORIGINAL DNR (Do Not Resuscitate) directive. Copy is NOT valid.
- Attach additional sheets as necessary
- Update information regularly

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Local Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Emergency Contact Information (I.C.E.)**

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

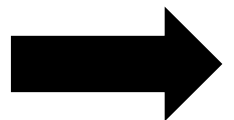
Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Medical Information**

Local Doctor/Clinic Name, Address, Phone #

Local Hospital of First Choice: \_\_\_\_\_

(may not be available depending on situation)



**Medical Information Continued**

Current Medications: (Attach list if necessary)

Name	mg	Dosage	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History such as current medical care, recent procedures and surgeries including dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH ADDITIONAL INFORMATION AS NECESSARY**