ABERDEEN
HOME CARE, INC.

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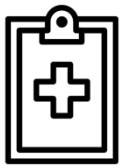
8 Cherry Street, Danvers, MA 01923
AberdeenAtHome.com

Concierge-Level Home Care
Since 2001

# EMERGENCY MEDICAL information



EMERGENCY MEDICAL information

**Name:** _____ **Birthdate:** _____
**Address:** _____ **City/State/Zip:** _____
**Home Phone:** _____ **Cell Phone:** _____
**Allergies:** _____ **Reactions:** _____

## Emergency Contacts:

1. **Name:** _____ **Rel:** _____ **Phone:** _____
2. **Name:** _____ **Rel:** _____ **Phone:** _____

**Hospital Preference:** _____
**Primary Physician:** _____ **Phone:** _____
**Specialty Physician:** _____ **Phone:** _____
**Specialty Physician:** _____ **Phone:** _____
**Dentist:** _____ **Phone:** _____
**Eye Doctor:** _____ **Phone:** _____
**Other Health Care Provider:** _____ **Phone:** _____
**Other Health Care Provider:** _____ **Phone:** _____
**Home Care Agency:** _____ **Phone:** _____
**Primary Insurance:** _____ **Policy #:** _____
**Supplemental Insurance:** _____ **Policy #:** _____

*Include a copy of insurance cards/forms/documents in your packet with this sheet.*

**Do you Have a Health Care Directive?** ☐Yes ☐No **Location:** _____

**Health Care Proxy?** ☐Yes ☐No **First Agent:** _____ **Phone:** _____
**First Agent:** _____ **Phone:** _____

**Check all that apply:**

| | | | |
|---|---|---|---|
| ☐Pacemaker | ☐Dialysis | ☐Joint Replacement _____ | ☐Glasses |
| ☐High Blood Pressure | ☐Transplant | ☐Walker/Cane | ☐Hearing Aides |
| ☐Oxygen | ☐Diabetic | ☐Wheelchair | ☐Dentures |

**Current Medical Conditions:** _____

_____

_____

**Current medications** ♦ **See reverse side for list**

# Current Medications

Use a separate sheet of paper to list additional Medications, including Vitamins & Supplements

| Medication | Reason | Dosage | Times per Day |
|---|---|---|---|
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## Your Medical History:

**Date of last tetanus shot:** _____

**Pneumonia vaccination:** _____

**Date of last flu vaccine:** _____

**Other immunizations:** _____

**Past Medical Conditions:** _____

_____

_____

**Surgeries** (procedure & date)**:** _____

_____