Date Completed ____________

EMERGENCY INFORMATION

NAME: ____________________ **DOB:** ____________________

Emergency Contacts

Family Contact - Name: ____________ **Home Phone:** ____________ **Work Phone:** ____________

Address: ____________ **Relationship:** ____________

Parish Contact - Name: ____________ **Home Phone:** ____________ **Work Phone:** ____________

Address: ____________ **Relationship:** ____________

Deanery Contact - Dean: ____________ **Home Phone:** ____________ **Work Phone:** ____________

Diocese Contacts – Vicar General: ____________ ____________

Medical Data

Last Updated - Month: ____________ **Year:** ____________ **Blood Type:** ____________

Primary Physician – Name: ____________ **Phone:** ____________ **Office Address:** ____________

Other Physicians – Name: ____________ **Phone:** ____________ **Speciality:** ____________

Name: ____________ **Phone:** ____________ **Speciality:** ____________

Special Medical Conditions/Remarks

Medication	Dosage	Frequency	Medication	Dosage	Frequency

Medical Conditions – Allergies: ____________

Medication Allergies: ____________

Med. Ins. Company: ____________ **Policy Number:** ____________

Other Med. Ins. Company: ____________ **Policy Number:** ____________

Medicaid Number: ____________ **Medicare Number:** ____________

Living Will on file at: ____________

Health Care Proxy Name: ____________ **Phone:** ____________ **On File At:** ____________

Organ Donor: YES ☐ NO ☐

Medical Conditions – Check All That Exist

- ☐ No known medical conditions
- ☐ Angina
- ☐ Cardiac Dysrhythmia
- ☐ Coronary Bypass Graft
- ☐ Eye Surgery
- ☐ Hemodialysis
- ☐ Hypoglycemia
- ☐ Lymphomas
- ☐ Myasthenia Gravis
- ☐ Seizure Disorder
- ☐ Vision Impaired
- ☐ Abnormal EKG
- ☐ Asthma
- ☐ Cataracts
- ☐ Dementia ☐ Alzheimer's
- ☐ Glaucoma
- ☐ Hemolytic Anemia
- ☐ Laryngectomy
- ☐ Malignant Hypothermia
- ☐ Pacemaker
- ☐ Sickle Cell Anemia
- ☐ Other
- ☐ Adrenal Insufficiency
- ☐ Bleeding Disorder
- ☐ Clotting Disorder
- ☐ Diabetes/Insulin Dependent
- ☐ Hearing Impaired
- ☐ Hypertension
- ☐ Leukemia
- ☐ Memory Impaired
- ☐ Renal Failure
- ☐ Stroke
- ☐ Implanted Defibrillator

(Return original to Office of the Bishop, give copy to your Dean and keep a personal copy where it can be easily accessed.)