

LIST ALL MEDICINES YOU ARE CURRENTLY TAKING



Please list prescriptions and over-the-counter medications (ex: aspirin, antacids) and herbals (ex: ginseng, ginkgo). Make sure you include medications that you are taking routinely and "as needed."

Name of prescription, Over-the-counter medication, vitamins/supplements & dose	How Often You Take	Reason for Taking

Date updated: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: Male / Female

Primary Care Doctor: _____

Phone #: _____

Preferred Pharmacy: _____

Phone #: _____

Medical Insurance Co.: _____

Policy #: _____

Other Medical Insurance: _____

Policy #: _____

Medicare: _____

Policy #: _____

Medicaid: _____

Policy #: _____

Living Will: Yes / No

Health Care Power of Attorney: Yes / No

EMERGENCY CONTACTS

Name: _____

Phone #: _____

Address: _____

Name: _____

Phone #: _____

Address: _____

MEDICAL DATA

Recent Surgeries/Hospitalizations: _____ Date: _____

Update this form whenever you have a change of medication or medical history.

Keep a copy of this form in your File of Life magnetic packet, which should be placed on your refrigerator. A copy of this form also should be kept in your wallet or purse in case of emergency. For additional copies of this form or to receive a new magnetic packet, please contact Greenwich EMS Community Outreach Dept. 203-637-7505 This form can also be obtained and filled out online at www.greenwichems.org

