My Emergency Information

Name Date of Birth

Address

City City Zip

AGEOPTIONS

SMP Empowering Seniors To Prevent Healthcare Fraud

EMERGENCY CONTACTS

Name

Relation Phone

Name

Relation Phone

MEDICAL DATA

Last Updated (Month/Year) Blood Type

Physician Phone

Physician Phone

Insurance Carrier

Insurance Carrier

Medicare Participant ☐ YES ☐ NO

If YES, do you have a Part D Plan? ☐ YES ☐ NO

AGEOPTIONS

(800) 699-9043
ageoptions.org

Medication	Dosage	Frequency

ALLERGIES

- ☐ Aspirin
- ☐ Barbiturate
- ☐ Codeine
- ☐ Demerol
- ☐ Insect Stings
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Novocaine
- ☐ Penicillin
- ☐ Sulfa
- ☐ Tetracycline
- ☐ X-Rays Dyes
- ☐ No Known Allergies

Environmental: _____

Other: _____

_____

_____

_____

_____

_____

Advanced Medical Directives

Living Will on file at:
Power of Attorney Healthcare:
Phone:
Do you have a DO NOT RESUSCITATE form? ☐ YES ☐ NO Where is it located?