Live Right Lifesheet ®™ Emergency Medical Information



Sponsored by Live Right Senior Care 708-786-8600

Name: _____

Sex: M F

Address:		
Birth date:	_Religion:	
Blood Type:	Diabetic:	YN
Native Language (if not E		
Emergency Contacts		
Name:	H Ph:	
Address:	C Ph:	
Relation:		
Name:	H Ph:	
Address:		
Relation:		
Medication	Dosage	Frequency
_		
1	1	
_		

Allergies		
No known allergies	LatexPenicillin	
Demerol	LidocaineSulfa	
Insect stings	MorphineTetracycline	
Other:		
Other:		
Special Instructions Dietary Restrictions:		
Other:		
Other:		
Medical Conditions		
Check all that exist		
No known medical condHearing impairmentHigh CholesterolHypoglycemiaParkinson'sSeizure DisorderMemory ImpairedDerBleeding disorders:Breathing disorders:Cancer:Cardiac:Vision disorders:Other:	—Hepatitis – Type () —Hypertension —Pacemaker —Renal Failure —Tuberculosis nentiaAhlzeimer's	
Key Medical Data		
Doctor:	Ph:	
Doctor:	Ph:	
Insurer:		
Policy #:		
Medicare:	Medicaid:	
Social Security Number: _		
Other Instructions		
Location of living will:		
Location of DNR/ No CPR: On Refrigerator		
www.liverightseniorcare.com		