Holdfully

In an emergency

Fill this in, then keep it somewhere obvious. The fridge door is a common spot.

Name _____

Date of birth _____

Address _____

Conditions

_____

_____

Allergies

_____

_____

Medications (or: see list attached)

_____

_____

_____

WHO TO CALL

Primary doctor & phone _____

After-hours line _____

Pharmacy & phone _____

Family contact 1 (name, phone) _____

Family contact 2 (name, phone) _____

Neighbor with a key _____

GOOD TO KNOW

Preferred hospital _____

Medicare / insurance number _____

Advance directive is kept at _____