

Family Health History: Have any of your blood relatives had the following:

Condition:	Relation
Anemia	
Breast Cancer	
Cancer (Other)	
Diabetes	
Heart attack	
High Blood Pressure	
High Cholesterol	
Seizures	
Sickle Cell Anemia	
Stroke	
Thyroid Problems	
Tuberculosis	

Condition:	Relation
ADD/ADHD	
Alcoholism	
Depression	
Drug Abuse	
Learning Disability	
Manic Depressive	
Suicide	
Schizophrenia	
Other Conditions?	

Comments:

Insurance Coverage Information:

Insurance	Policy number	Telephone number

Do you receive social security income (SSI)?	YES	NO
Do you receive medical benefits through the SSI program?	YES	NO

Emergency Contacts:

Name	Relationship	Telephone numbers	
		(W)	(H)
		(W)	(H)

Activities of Daily Living

	YES	NO
Are you visually impaired?		
Do you wear glasses or contacts?		
Are you deaf or hard of hearing?		
Do you use a hearing aid?		
Do you have any speech problems?		
Do you use sign language?		
Is English your preferred language? If no, what language do you speak?		
Can you walk?		
Do you use a walker?		
Do you use a wheelchair?		
Do you routinely wear medic alert identification?		

What other aids do you use to accomplish daily activities?

Are there any restrictions to your daily activities? (Can you drive an automobile? Do you need a computer to communicate? Etc.)

Your adult doctor will ask you questions in private about your sexuality, about drug and alcohol and cigarette use.

Emergency Information for:

Name: _____

Today's Date (mm/dd/yy): _____

Birth Date (mm/dd/yy): _____

Primary Language: _____

Address: _____

Parents/Guardians Phone Numbers

_____ H: _____

_____ W: _____

_____ C: _____

_____ H: _____

_____ W: _____

_____ C: _____

Diagnosis

Diagnosis: _____

Medications: Dose Time

Allergies: _____

Emergency Contact – Relationship/Phone#

Doctor's Information

Main Doctor: _____

Phone: _____ Fax: _____

Specialty Doctor: _____

Phone: _____ Fax: _____

Specialty Doctor: _____

Phone: _____ Fax: _____

Hospital: _____

Phone: _____ ER: _____

Pharmacy: _____

Phone: _____

Insurance: _____

Most Important Things to Know About Me in an Emergency

Copies of this form are available at <http://cshcn.org>

- Directions:
1. Fill in and/or print form
 2. If you have Acrobat Reader 8.0 or higher, you may save this PDF for future edits (visit Adobe's site to [download the newest version of Acrobat Reader](#))
 3. Cut on heavy dashed lines
 4. Fold on dotted lines to fit in wallet