## LIST ALL MEDICINES YOU ARE CURRENTLY TAKING

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

How Often You Take	Reason for Taking

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

Keep a copy of this form in your *File for Life* magnetic packet, which should be placed on your refrigerator. For additional copies of this form please visit <a href="https://www.blairemeadows.com">www.blairemeadows.com</a> to download and print.

#### **EMERGENCY MEDICAL INFORMATION**



# Blaire Meadows Homeowners Association Resident File of Life

#### **DIAL 911 FOR ALL EMERGENCIES**

Date Updated		
Name		
Address		
Sex Male / Female Date of Birth		
Primary Care Doctor		
Phone #		
Preferred Pharmacy		
Phone #		
Medical Insurance Co.		
Policy #		
Other Medical Insurance		
Policy #		
Medicare / Medicaid		
Policy #		
Living Will Yes No		
Health Care Power of Attorney Yes No		
<b>Emergency Contacts</b>		
Name Phone		
Address		
Name		
Address		
Medical Data		
Recent Surgeries/Hospitalization Date		

### **MEDICAL CONDITIONS**

(Check all that apply)

### UNIVERSAL MEDICATION FORM

(Use pencil on this form for easy changes)

Heart Disease  Lung Disease  Kidney Disease  Name  CHF/HEART FAILURE  COPD/EMPHYSEMA  FAILURE  Address  Address  Sex Male / Female  Date of Birth  FIBROSIS  INSUFFIENCY  HIGH CHOLESTERAL  PNEUMONIA  RIDNEY STONES  Primary Care Doctor  Phone #  PACEMAKER  HEART ATTACK  COUGHING  ANGINA/CHEST PAIN  HEART SURGERY/BY-PASS/STENT  Medical Insurance Co.	ed
□ CHF/HEART FAILURE       □ COPD/EMPHYSEMA       □ FAILURE       Address         □ HIGH BP       □ ASTHMA       □ DIALYSIS       Sex Male / Female       Date of Birth         □ LOW BP       □ FIBROSIS       □ INSUFFIENCY       Sex Male / Female       Date of Birth         □ HIGH CHOLESTERAL       □ PNEUMONIA       □ KIDNEY STONES       Primary Care Doctor         □ IRREGULAR HB       □ BRONCHITIS       □ INFECTIONS       Phone #         □ PACEMAKER       □ SHORT OF BREATH       □ Preferred Pharmacy       □ Preferred Pharmacy         □ ANGINA/CHEST PAIN       □ LUNG PAIN       Phone #         □ HEART SURGERY/BY-       □ Modical Insurance Co.	
LOW BP    FIBROSIS   INSUFFIENCY   Sex Male / Female   Date of Birth	
ANGINA/CHEST PAIN LUNG PAIN Phone #  HEART SURGERY/BY-  Medical Insurance Co	
Stomach Neurologic Malignancy/ Disease Disease Cancer Other Medical Insurance	
BOWEL OBSTRUCTION  BLEEDING   STROKE   LUNG   Policy #   Policy #	
DIARRHEA  BLOOD IN STOOL  ALZHEIMERS OR MEMORY LOSS  COLON  SKIN  MEDICINE ALLERGIES / REAG  (Describe reaction)	CTIONS
Endochrine Other	
Diabetes ARTHRITIS VISION Drug: Reaction:  Thyroid: BACK PAIN OTHER  High HIV SICKLE CELL WEIGHT GAIN WEIGHT LOSS  WEIGHT LOSS  Drug: Reaction:  Reaction:	
ALLERGIES	
ASPIRIN LATEX TETRACYCLINE  BARBITUATES LIDOCAINE X-RAY DYE  CODEINE MORPHINE NO KNOWN ALLERGY  DEMEROL NOVOCAIN  INSECT STINGS PENACILLIN  VACCINES SULFA	