

Date Completed _____

EMERGENCY INFORMATION

Name: _____ SS #: _____ DOB: _____

Emergency Contacts

Family Contact - Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Relationship: _____

Parish Contact - Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Relationship: _____

Deanery Contact - Dean: _____ Home Phone: _____ Work Phone: _____

Diocese Contacts – Vicar General: Very Rev. Thom Hennen, St. Ambrose: 563-333-6151; Diocese: 563-888-4363

Chief of Staff: Deacon David Montgomery, 563-888-4222

Medical Data

Last Updated - Month: _____ Year: _____ Blood Type: _____

Primary Physician – Name: _____ Phone: _____

Other Physicians – Name: _____ Phone: _____ Specialty: _____

Name: _____ Phone: _____ Specialty: _____

Special Medical Conditions/Remarks

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>

Medical Conditions – Allergies: _____

Medication Allergies: _____

Med. Ins. Company: _____ Policy Number: _____

Other Med. Ins. Company: _____ Policy Number: _____

Medicaid Number: _____ Medicare Number: _____

Living Will on file at: _____

Health Care Proxy Name: _____ Phone: _____ On File At: _____

Organ Donor: YES _____ NO _____

Medical Conditions – Check All That Exist

- | | | |
|--|--|---|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Abnormal EKG | <input type="checkbox"/> Adrenal Insufficiency |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Cardiac Dysrhythmia | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Clotting Disorder |
| <input type="checkbox"/> Coronary Bypass Graft | <input type="checkbox"/> Dementia __ Alzheimer's | <input type="checkbox"/> Diabetes/Insulin Dependent |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> Hemolytic Anemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Laryngectomy | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Lymphomas | <input type="checkbox"/> Malignant Hypothermia | <input type="checkbox"/> Memory Impaired |
| <input type="checkbox"/> Myasthenia Gravis | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Implanted Defibrillator | <input type="checkbox"/> Other _____ |

(Return original to Office of the Bishop, give a copy to your Dean and to your parish contact person, and keep a personal copy where it can be easily accessed.)