

**Your MEDICAL DATA (Please PRINT)** UPDATED \_\_\_/\_\_\_/\_\_\_  
month day year

**Your NAME** \_\_\_\_\_

**Your DATE of BIRTH** \_\_\_/\_\_\_/\_\_\_\_\_

**Your SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Your BLOOD TYPE** \_\_\_\_\_

**Where, in the house, are your medicines located?** \_\_\_\_\_

**How do you communicate with others?** \_\_\_ spoken language; \_\_\_ sign language; \_\_\_ story board;  
\_\_\_ other – explain \_\_\_\_\_

**What LANGUAGE(s) DO YOU USE?** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Your 'normal' blood pressure:** \_\_\_/\_\_\_\_\_

**Do you USE OXYGEN?** YES NO

**Do you wear eyeglasses?** YES NO

**Do you wear CONTACT LENSES?** YES NO

**Do you wear a hearing aid(s)?** YES NO

**Do you wear false teeth or a removable bridge?** YES NO

**Your PRIVATE HEALTH INSURANCE NAME** \_\_\_\_\_,

**Your PRIVATE HEALTH INSURANCE NUMBER & Phone** \_\_\_\_\_.

**Your MEDICAID (TENNCARE) #** \_\_\_\_\_

**Your HOSPITAL PREFERENCE** \_\_\_\_\_

**In Case of Emergency, Contact FIRST** \_\_\_\_\_; **Best Phone** \_\_\_\_\_.

**In Case of Emergency Contact ALTERNATE** \_\_\_\_\_; **Best Phone** \_\_\_\_\_.

**Your NEXT OF Kin** \_\_\_\_\_; **Phone** \_\_\_\_\_.

**Your MAIN Doctor** \_\_\_\_\_; **Phone** \_\_\_\_\_

**Your SECONDARY Doctor** \_\_\_\_\_; **Phone** \_\_\_\_\_

**Your Pet's NAME** \_\_\_\_\_

